

University of Warwick institutional repository: <http://go.warwick.ac.uk/wrap>

A Thesis Submitted for the Degree of PhD at the University of Warwick

<http://go.warwick.ac.uk/wrap/4243>

This thesis is made available online and is protected by original copyright.

Please scroll down to view the document itself.

Please refer to the repository record for this item for information to help you to cite it. Our policy information is available from the repository home page.

The Experience of Shame and the Emotional Isolation of Psychotherapy Patients

James Macdonald

PhD Thesis

**University of Warwick
Department of Psychology**

September 1998

Table of Contents

Table of contents	i
List of tables	xi
Acknowledgements	xii
Declaration	xiv
Abstract	xv
List of abbreviations	xvi
1. Shame and Psychological Disorder	1
The literature on shame and psychopathology	1
<i>Three theories linking shame to psychopathology</i>	1
<i>Shame and psychopathology in general</i>	4
<i>Depression</i>	5
<i>Narcissism</i>	9
<i>Eating disorders</i>	12
<i>Borderline personality disorder</i>	14
<i>Psychosis</i>	15
<i>Social phobia</i>	17
<i>Violence</i>	18
<i>Summary</i>	21
Critique of the literature on shame and psychopathology	22
<i>The operationalisation of shame in research</i>	22
<i>The context of shame and psychopathology</i>	25
<i>The need for a more detailed specification of the way in which shame is related to psychopathology</i>	27
Conclusion	28
2. Marker Shame	29
Review of literature on memory based and chronic aspects of emotion	29

<i>Neuropsychology</i>	30
<i>Self-reported emotions without a 'definite time of occurrence'</i>	31
<i>Emotion 'scripts'</i>	33
<i>Summary</i>	38
Marker shame	38
<i>Marker shame and existing theories</i>	38
<i>Marker shame and the goal of being valued</i>	41
<i>Marker shame and other forms of shame</i>	43
Conclusion	44
3. Shame and Disclosure	45
Theoretical perspectives	45
<i>Shame and hiding</i>	45
<i>Unacknowledged shame</i>	46
<i>Interim summary</i>	49
<i>Shame and the management of identity</i>	50
<i>Marker shame</i>	53
Empirical studies of disclosure and shame	54
<i>The aversive effects of embarrassment and shame</i>	54
<i>Studies of shame</i>	56
'social sharing' of shame	57
disclosure of shame in research interviews	60
Anticipatory shame and emotional disclosure	63
<i>The benefits of emotional disclosure</i>	63
<i>Social dynamics associated with the benefits of disclosure</i>	65
<i>Shame and emotional disclosure</i>	66
Conclusion	69

4. A Diary Investigation of the Experience and Disclosure of Shame, Guilt, Hatred and Disgust by Psychotherapy Patients	71
Introduction	71
<i>The nature of shame</i>	73
<i>The triggers for shame</i>	74
<i>The context and disclosure of shame</i>	74
<i>Disclosure of unpleasant emotional experiences in general</i>	75
<i>Marker shame</i>	76
<i>Materials</i>	78
<i>Procedure</i>	78
<i>Participants</i>	78
Results	79
<i>The nature of shame experienced by psychiatric outpatients</i>	80
<i>The triggers for shame</i>	84
<i>The context of shame</i>	88
<i>The disclosure of shame</i>	91
<i>The disclosure of unpleasant emotions in general</i>	92
<i>Marker shame</i>	94
<i>Summary of results</i>	96
Discussion	97
 5. Introduction to a Qualitative Follow up Interview Study of the Disclosure and Non-Disclosure of Emotional Experiences by Psychotherapy Patients	 103
Background	103
Method	107
<i>Introduction to the qualitative method</i>	107
<i>Participants</i>	109

<i>Materials</i>	110
<i>Procedure</i>	110
<i>Analytic strategy</i>	110
Chapter Six on the non-disclosure of unpleasant emotional experiences	112
Chapter Seven on the disclosure of unpleasant emotional experiences	112
6. The Non-disclosure of Emotional Experiences by Psychotherapy Patients	114
Introduction	114
Why don't participants disclose?	114
<i>Habitual non-disclosure</i>	115
<i>Anticipated responses to disclosure</i>	117
negative recipient responses (including labelling, judging and blaming)	118
confidentiality	120
not wanting to upset or burden others	120
unhelpful positive responses	121
lack of interest or attention	122
not believed	122
lack of understanding	123
lack of trust	123
no point in disclosing	123
<i>Isolation</i>	125
<i>Shame and other factors associated with the self</i>	126
shame and other self-conscious emotions	126
out of character	130
inability to justify feelings and experiences	132

responsibility	133
rejection of one's own feelings	134
reluctance to experience unpleasant emotions or memories	135
<i>The emerging picture of reasons for non-disclosure</i>	137
The effects of non-disclosure	140
<i>No effect</i>	140
<i>Isolation</i>	141
<i>Hostility and irritation</i>	143
<i>Difficulties in relationships</i>	145
Analysis of atypical cases of non-disclosure	152
<i>P25</i>	153
<i>P37</i>	158
Discussion	159
6. The Benefits of Disclosure: Helpful and Unhelpful Disclosure Experiences Reported by Psychotherapy Patients	165
Introduction	165
Similarities between participants who disclosed and those who did not	166
<i>The ambivalence of disclosing participants</i>	166
<i>The ambivalence of non-disclosing participants</i>	168
The socially mediated benefits of disclosure	172
<i>Understanding and supportive responses</i>	172
<i>Validation</i>	176
<i>Disconfirming negative social expectations</i>	179
<i>Strengthening relationships</i>	182
<i>Summary</i>	185
Shame and disclosure	186

Alternative theoretical explanations for the benefits of disclosure	191
<i>Benefits of disclosure: the inhibition model</i>	191
diminished intensity of the feeling	192
‘letting go’	192
interruption of destructive ruminations	194
conclusions	195
<i>Benefits of disclosure: the cognitive assimilation model</i>	196
perspective	197
evaluations of doing the diary	199
conclusions	200
<i>Discussion of alternative theoretical explanations of disclosure</i>	200
Negative cases	201
<i>Helpful disclosure</i>	201
venting rage	201
off-loading	203
backing down	205
<i>Unhelpful disclosure</i>	205
Discussion	209
<i>Disclosure and shame</i>	209
<i>Implications for psychotherapy</i>	210
<i>Limitations of the study</i>	212
 8. An Interview Study of Psychotherapy Patients’ Self-Defining Memories of Shame	 214
Introduction	214
Method	216
<i>Materials</i>	216

<i>Procedure</i>	217
<i>Participants</i>	217
<i>Analytic strategy</i>	218
Experiences recalled by participants in the study	219
Recent occurrences of the memory	227
Conclusion	232
9. Psychotherapy Patients' Non-disclosure of Significant Memories	234
Introduction	234
Reasons for non-disclosure	235
<i>Habitual non-disclosure</i>	235
<i>Anticipated responses to disclosure</i>	238
labelling, blaming and judging	238
other anticipated negative responses to disclosure	242
exceptions	247
summary	249
<i>Individual and self-related reasons for non-disclosure</i>	249
shame and self-conscious emotions	250
reluctance to experience unpleasant emotions/memories	252
inability to justify own feelings or experiences	253
other self-related reasons for non-disclosure	255
exceptions and summary	257
The broader context of emotional isolation	259
<i>Difference and marginalisation</i>	260
<i>Values</i>	263
<i>Negative identity</i>	266
<i>Concealment and masking</i>	268
<i>Diminished social involvement</i>	270

<i>Relationships</i>	274
<i>Summary and exceptions</i>	277
Discussion	280
10. Helpful and Unhelpful Disclosure of Significant Emotional Memories	284
Introduction	284
The decision to disclose	285
<i>Positive attitudes towards disclosure</i>	285
<i>The importance of the recipient</i>	287
<i>Numbers of helpful and unhelpful disclosures</i>	292
Helpful disclosure	293
<i>Varying degrees of helpfulness</i>	293
<i>Social factors in accounts of helpful disclosure</i>	295
understanding and supportive responses	295
the social impact of helpful disclosure	300
summary of social elements in helpful disclosures	303
<i>The cognitive-assimilation model</i>	304
<i>The inhibition model</i>	306
<i>Interim summary and conclusions</i>	308
<i>Exceptions and limitations</i>	309
lack of depth	309
the limitations of sympathy	311
<i>Summary and conclusions regarding helpful disclosure</i>	314
Unhelpful disclosure	315
<i>Manner of disclosure</i>	315
<i>Recipient responses in cases of unhelpful disclosure</i>	318
<i>Effects of unhelpful disclosure</i>	322

letting slip destructive information	322
pain without gain	326
withdrawal	327
summary	328
Discussion	329
Conclusion	332
References	335
Appendices	
1. 'Performative' shame	349
2. Issues associated with the use of self-reports in emotion research	356
3. Emotion diary	359
4. Contingency table for the analysis of gender X report of an instance of shame	361
5. Triggers of guilt, hatred and disgust	362
6. Semi-structured follow-up interview to the diary study on the experience and disclosure of emotional experiences by psychotherapy patients	365
7. Table showing data on habitual non-disclosure	366
8. Summary table of material from interviews on anticipated social responses related to non-disclosure	368
9. Summary table of material from interviews on anticipated self-related responses associated with non-disclosure	370
10. Material from interviews relating to the negative effects of non-disclosure	375
11. 'Doing emotions' in the diary and interview study	381
12. Interview Protocol	397
13. Cases of clear shame in the self-defining memory study	408

14. Cases where participant was ambivalent or equivocal about the experience of shame in the self-defining memory study	410
15. Attempts to avoid the memory	412
16. Habitual non-disclosure	414
17. Anticipated responses to disclosure	417
18. Self-related factors associated with non-disclosure	422
19. Themes associated with the broader context of emotional isolation	425
20. Positive attitudes towards disclosure	435
21. Recipient selection	437
22. Clearly helpful disclosures	439
23. Helpful disclosures with mixed outcomes	440
24. Understanding and supportive recipient responses to helpful disclosures	441
25. Invalidating recipient responses in cases of unhelpful disclosure	443

List of Tables

4.1	X ² values and significance of comparisons between emotions on intensity	83
4.2	X ² values and significance of comparisons between emotions on duration	83
4.3	Triggers for experiences of shame	85
4.4	Table showing who the participant was with when experiencing the emotion for each of the different emotion types	89
6.1	Categories relating to reasons for non-disclosure	115
6.2	Categories of anticipated responses of others for non-disclosing participants	125
6.3	Categories of self-related factors for non-disclosing participants	137
6.4	The four main themes emerging in the analysis of the effects of non-disclosure for each non-disclosing participant	152
8.1	Summaries of memories recalled in the study	220
9.1	Categories of anticipated responses to the disclosure of memories	238
9.2	Proportion of a) participants in the self-defining memory study and b) non-disclosing participants in the diary and interview study who mentioned each category of anticipated response to disclosure developed in the diary and interview study	246
9.3	Categories of self-related factors associated with non-disclosure of memories	250
9.4	Proportion of a) participants in the current study and b) non-disclosing participants in the diary and interview study who mentioned the categories of self-related reasons for non-disclosure developed in the diary and interview study	251
9.5	Categories of factors related to the broader context of emotional isolation	278

Acknowledgements

I am very grateful to Ian Morley who took over as supervisor after an initial period of confusion and difficulty. Ian has been enormously helpful to me as I have tried to realise my research ideas and much of what I have learnt about the process of research in the last three years I owe to him. Without Ian's ability to see the wood behind the trees I would probably never have had the confidence to complete this project.

Other academics have provided useful advice at different times during this research. Without the support of Digby Tantam I would never have thought to embark on a study of shame in the context of psychotherapy patients' lives. Elaine Duncan played an important and valued role in the planning stage of the diary study. Martin Skinner assisted Ian with my supervision at Warwick and was a source of support and encouragement at various stages of this work.

I owe a special debt of gratitude to Paul Gilbert whose work first inspired my interest in shame. Over the years Paul has been exceptionally generous with his support. At the beginning he encouraged and supported me in setting up the 'shame group' which he has now taken under his wing at Derby University. Latterly Paul and Bernice Andrews have given me my first taste of academic success by including some of my work in their forthcoming book on *Shame: Interpersonal behaviour, psychopathology and culture*. Their editorial comments were an invaluable source of feedback at a lonely time in my PhD work. Paul and his wife Jean have also 'made shame fun' for me with the warmth of their hospitality at their home in Derby.

Members of the shame group, including Ray Crozier, Peter Trower and Bernice Andrews have offered valuable advice and encouragement over the years. My fellow students in the group, Claire Murray, David Morrison, Bruna Seu, Mia Gregory, Barbara Alexander and David Hawker have shared the woes and eased the isolation of doctoral research. Dawn Leeming gave a detailed critical reading of most of the thesis which I found very useful and for which I am deeply grateful. I would also like to thank my email pal and fellow 'disclosure enthusiast', Cat Finkenauer. Her encouraging and helpful comments on a number of the chapters have been much appreciated.

Collecting the interviews and data for this thesis would not have been possible without the generous support of a number of clinicians and their support staff, who also made this part of the project rewarding and enjoyable. Dr. Stephen Gladwell and his team were immensely welcoming and supportive of research I conducted in their department. Dr. Theresa Black gave invaluable support and sponsorship to the self defining memory study. Ann Day was an early and vital source of friendship and support when I first ventured into a clinical department in Coventry.

At the University of Warwick the two Rachael's, Sheila, Ingram, Nicky and Orla helped me battle with self-doubt and deconstruct Warwick sandwiches. At home

I was fortunate to share a flat with Niamh Roche, James Cole and Joost Maus who have ensured that I will always remember my stay there as a happy one.

From my second year at Warwick Naomi Wood became an increasingly important source of support before eventually metamorphosing into Naomi Macdonald and metamorphosing me into Beatrice's dad. Her support has been my lifeline in the past year – a financial and emotional necessity. Without it I could not possibly have finished this work. Together with Beatrice she has made the prospect of returning to 'normal life' highly attractive.

Finally I wish to thank those who took part in the interviews reported in this study. I hope that what I have written here does justice to the trust they have placed in me.

Declaration

I hereby declare that the work described in this thesis was conducted by myself under the supervision of Dr. Ian Morley, with the exception of those instances where the contribution of others has been specifically acknowledged. An earlier version of Chapter Three entitled ‘Disclosing Shame’ is in press in P. Gilbert and B. Andrews [eds.] *Shame: Interpersonal behaviour, psychopathology and culture* Oxford: OUP.

Abstract

In a review of research on the relationship between shame and psychopathology it is suggested that too little attention has been paid to the actual context in which shame is experienced by people with psychological difficulties. An attempt is then made to link existing models of pathological shame with recent literature on emotion and it is suggested that shame associated with psychological disorder is of an enduring script-like nature, termed 'marker shame'. Literature on the relationship between shame and disclosure is introduced. It is argued that in addition to presenting an opportunity to investigate the operation of shame in a social context research on the dynamics of shame and disclosure is important given the central role that emotional disclosure plays in psychotherapy.

The empirical part of the thesis consists mainly of a diary and interview study designed to explore the nature of shame in the context of psychotherapy patients' daily lives and the role of shame in the context of disclosure or non-disclosure of unpleasant emotional experiences. Quantitative data on the nature, context and disclosure of shame and the other unpleasant emotional experiences is reported. A major finding is that the majority of unpleasant emotions experienced by the participants were not disclosed and that 'marker shame' appeared to play a role in this non-disclosure. An empirical approach to qualitative data analysis is then introduced and used to explore the apparent 'emotional isolation' of participants. The findings again appear to illustrate the operation of 'marker shame'. A qualitative analysis of participants' accounts of emotions that they did disclose is reported and a shame-related account of disclosure dynamics is shown to compare favourably with a number of alternative theoretical accounts of the benefits of disclosure. Qualitative analysis from a second interview study focusing on significant emotional memories is presented which appears to replicate most of the earlier findings in a second sample of psychotherapy patients.

Abbreviations

ASGS	Adapted Shame and Guilt Scale
BDI	Beck Depression Inventory
CPN	Community Psychiatric Nurse
CSA	Childhood Sexual Abuse
DCQ	Dimensions of Conscience Questionnaire
DSM	Diagnostic and Statistical Manual
EDI	Eating Disorder Inventory
EE	Expressed Emotion
ISS	Internalised Shame Scale
NHS	National Health Service
NPI	Narcissistic Personality Inventory
P	Participant
SCAAI	Self Conscious Affect and Attribution Inventory
SCL-90	Symptom Checklist – 90
TOSCA	Test of Self Conscious Affect

Chapter One

Shame and Psychological Disorder

In this chapter literature that has linked shame and various forms of psychopathology will be reviewed. An attempt will be made to examine both the theoretical and research basis of the association and a number of the assumptions that lie behind the work will be examined. The chapter will conclude with an examination of what is missing.

The literature on shame and psychopathology

Three theories linking shame to psychopathology

A few researchers have argued that shame is important in the aetiology of a broad range of psychopathologies. However surprisingly little attention has been paid to the precise mechanisms by which shame is supposed to be associated with psychopathology. In this section an attempt has been made to identify how three of the most influential theorists understand this relationship.

H. Lewis (1987a) described shame as ‘the “sleeper” in psychopathology.’ In her view symptoms could be traced back to ‘sequences’ in which a patient experiences ‘unacknowledged’ shame as a result of perceived rejection from another. She argues that while the unacknowledged shame leads inevitably to

‘humiliated fury’ at the other person (because of their rejection) this angry response is trapped by feelings of guilt because the shamed individual believes that their fury is illegitimate since it is directed towards a valued attachment figure. According to H. Lewis this ‘feeling trap’ can result in the formation of symptoms such as hysteria or depression as the individual is unable to acknowledge either their humiliated fury or their shame in relation to the valued other. The theory does not appear to specify exactly why unacknowledged feelings of shame and humiliated fury should lead to particular symptoms.

A somewhat different perspective is that of Kaufman (1989), who draws on the work of Tomkins (1963) to describe how a variety of pathological ‘syndromes’ can develop from internalised ‘scenes’ in which the individual has experienced shame. The shame-based syndromes that Kaufman describes encompass most forms of psychological disorder and include compulsive syndromes, phobic syndromes, depressive syndromes and dissociative syndromes. At the heart of Kaufman’s understanding of these syndromes is Tomkins’ (1979) idea of cognitive-affective ‘scripts’ which control and regulate the experience of affect. In the case of a painful affect such as shame these scripts are likely to be defensive and the function of the syndromes is to help people to control their exposure to and experience of shame (and also other emotions which may be associated with it). Thus for Kaufman (1989) many psychopathologies can be understood as ways of warding off the experience of shame. The development of shame-related scripts is thought to be triggered by early experiences in which the individual has been shamed by important others. They are assumed to operate largely out of awareness.

For M. Lewis (1992), as for H. Lewis, psychopathology is associated with unacknowledged shame. He distinguishes between dissociating the self from *acknowledged* shame by forgetfulness, denial, laughter and confession, and dissociating the self from *unacknowledged* shame by 'emotional substitution'. Emotional substitution of unacknowledged shame in M. Lewis' view generally takes the form of mis-identifying shame as sadness or anger (which is made easier by the fact that these emotions may well be experienced at the same time as shame). He suggests that substituting the unconscious experience of shame with the conscious label of sadness and anger is quite normal if it does not happen too often. However it can become pathological, turning to depression or rage when the individual has a prolonged history of experiencing shame 'either because [they] are shame-prone or because they are trapped in interpersonal environments in which they are consistently shamed' (p. 141). According to M. Lewis emotional substitution occurs when shame has already been triggered. He distinguishes a variety of other pathological conditions where the avoidance of shame is anticipatory. Of these, narcissism in his view relates to a tendency to experience shame coupled with ideations and actions designed to avoid or mask the experience of shame, and multiple personality disorder is regarded as a defensive response to prolonged and severe experiences of shame.

In summary H. Lewis (1987a) describes sequences in which unacknowledged shame leads to humiliated fury then to guilt and then symptoms. Kaufman (1989) suggests that there are a plethora of possible 'scripts' and syndromes in which experiences of shame can be controlled and defended against. M. Lewis (1992)

proposes two pathways from shame to pathology. On the one hand a ‘simultaneous’ pathway in which experiences of shame are mis-identified and consciously experienced as depression and rage. On the other hand a kind of ‘anticipatory’ strategy in which the individual structures their mental and social lives in problematic ways which nevertheless enable them to control and minimise dreaded experiences of shame.

While each of these theorists draws on a different literature a common theme appears to be that psychopathology relates to a variety of manoeuvres in which a person avoids the conscious acknowledgement of shame. Furthermore an assumption of all these theories appears to be that shame can exist as a ‘state’ of the individual irrespective of that individual’s conscious awareness of that state.

Shame and psychopathology in general

A number of studies have been carried out to establish whether shame is related to an increased experience of psychopathology. Two studies by Tangney, Wagner & Gramzow (1992) using the Self-Conscious Affect and Attribution Inventory (SCAAI) and the Test of Self-Conscious Affect (TOSCA) found shame-proneness to be positively correlated with all twelve indices of psychopathology included in the studies (all subscales of the SCL-90, the Beck Depression Inventory, and the State-Trait Anxiety Inventory). Guilt-proneness on the other hand was only moderately associated with psychopathology and part-correlational analyses indicated that the associations between guilt and psychopathology resulted from shared variance between shame and guilt. Using

his Internalised Shame Scale (the ISS) – a trait measure of shame – Cook (1994) also found significant correlations between trait shame and all subscales of the SCL-90. Harder et al (1992) found positive correlations between the Adapted Shame and Guilt Scale (ASGS) – in which participants are asked to assess how well adjectives indicative of shame describe them - and all subscales of the SCL-90 except the hostility-anger subscale. However in Harder et al's study when shame was partialled for guilt the somaticisation, anxiety and paranoid ideation subscales were no longer significantly associated with shame. Two studies by Johnson and colleagues (Johnson et al, 1987; Johnson et al, 1989) using a situational measure of shame and guilt, the Dimensions of Conscience Questionnaire (DCQ) indicated that shame, but not guilt, was associated with neuroticism assessed by the Eysenck Personality Questionnaire.

More detailed attention has been paid to relationships between shame and a number of specific psychopathologies. The next sections review the theoretical and research work that has focused on shame and several discrete forms of psychopathology.

Depression

Depression has been linked to shame more than shame has been linked to any other disorder. To begin with theorists have noted similarities between the experience of shame and that of depression. Firstly, as H. Lewis (1987b) points out, the attributional style of internal, stable and global attributions for bad events associated with depression is similar to the attributional pattern that one would

expect in shame. Secondly Gilbert (1992) among others has noted that the downcast expression of the depressed person is similar to that of the shamed. These similarities between shame and depression suggest that being ashamed might often be one part of the experience of depression. In keeping with this Gilbert (1992) sees both shame and depression as part of an innate system for dealing with intra-species defeat (the 'yielding subroutine of agonistic behaviour'). If this is so shame might be seen as a symptom of depression.

However in keeping with the notion of psychopathology as defence against shame – a theme noted in the theoretical accounts of shame and psychopathology described above – some theorists have seen depression as a response to and a shelter from shame. In this case shame may therefore be seen as one cause of depression. Mollon & Parry (1984) for instance, noting that 'a sympathetic inquiry into the secret preoccupations of depressed patients will often reveal repetitive ruminations over what are felt to be shameful or humiliating experiences' (p. 137), see depression as a form of 'turning away' from a disappointing world where one can see no possibility of being valued or loved. Similarly M. Lewis (1992), as noted above, sees depression as an 'emotional substitution' for prolonged and unbearable shame.

Evidence in favour of an association between shame and depression is quite strong, and there is also a little evidence concerning the nature or causal status of the association. Correlations between shame measures and the SCL-90 subscale for depression have been found in the studies by Tangney, Wagner & Gramzow (1992), Cook (1994) and Harder et al (1992) reviewed above. Tangney, Wagner

& Gramzow (1992) found in two studies that shame-proneness was strongly associated with depression as measured by the Beck Depression Inventory (BDI). They also found that, although shame was associated with an attributional style characterised by internal, stable, and global attributions for negative events, hierarchical regression analyses demonstrated that shame-proneness accounted for substantial variance in depression above and beyond attributional style. Harder et al (1992) report highly significant correlations between the BDI and three shame scales – the ASGS, the Personal Feelings Questionnaire (PFQ), and TOSCA. Hoblitzelle (1987) found a significant correlation between the Adapted Shame and Guilt Scale (ASGS) and Zung's Self-Rating Depression Scale. Only one study, by Gilbert et al (1994), appears to have failed to find the predicted correlation between shame and depression (assessed by the BDI). In this case the authors suggest that the measure of shame they used (the DCQ) may be less sensitive to measures of psychopathology than the scales used in other studies.

A number of interview-based studies on the relationship between shame and psychopathology have also been conducted. Andrews (1995) has developed an interview-based measure of bodily shame in which research participants are asked whether they 'have ever felt ashamed of [their] body or any part of it?' Their responses to this and a series of follow-up questions are used to develop ratings of both past and current bodily shame. Andrews (1995) found that bodily shame was related to childhood physical and sexual abuse and both chronic and recurrent depression in a community sample of women. Bodily shame was found to have an effect independently of self-esteem and dissatisfaction with the body. In a regression analysis Andrews found that bodily shame appeared to mediate

the relationship between early abuse and the later development of depression.

The suggestion of a causal role for shame in the development of depression was further supported by her participants' retrospective accounts of the onset of bodily shame. Their accounts indicated that bodily shame first occurred after experiences of childhood abuse and before the onset of any depressive episode. A study of depressed patients of both genders by Andrews & Hunter (1997) broadened the interview measure of shame to include 'characterological' and 'behavioural' shame in addition to bodily shame. Bodily shame remained the most powerful correlate of childhood abuse, however all three types of shame were related to chronic depression. Eales (1989) used an interview-based rating of shame about unemployment in a study of unemployed men. He found that men who experienced shame about their unemployment were significantly more likely to suffer affective disorder (depression or anxiety). Finally a study by Brown et al (1995) involved rating severely threatening life events (of the kind that might trigger depression) for the likelihood that the individual would feel humiliated and trapped. These authors found that their ratings of humiliation and entrapment predicted depression in both a patient and non-patient population. While humiliation can be distinguished from shame (Gilbert, 1997), rating the extent to which a person's life events are 'humiliating' probably provides some indication of the degree to which they are shaming as well.

The studies by Andrews, Eales and Brown et al are an important step on from the questionnaire-based work cited previously. In particular they suggest that the shame involved in psychopathology is understandable in the individual's past or present context. For example bodily shame in Andrews' work is related to

physical and sexual abuse – the experience of which implies an interpersonal basis for feelings of bodily shame – the individual's body *has* actually been the focus of abusive experiences by important others. In Eales' (1989) study the shame associated with affective disorder was specifically about being unemployed – again this may make some sense in a culture where masculine identities and status are closely bound up with being a worker (see Oatley & Bolton, 1985). In Brown et al's (1995) study the researchers judged the degree to which provoking events were humiliating using criteria that were independent of the participants' *own* assessments of how humiliating their experiences were. This implies that pathogenic shame can be related to events that would be experienced as shameful by many or even most people in the same culture. This is a point to which we will return later in the chapter.

Research does not enable us to untangle the question of whether shame plays a causal or concomitant role in depression, though Andrews (1995) work suggests that in her sample of women bodily shame might have played a causal role in the development of depression.

Narcissism

A number of psychoanalytic theorists have suggested that shame is a 'veiled companion of narcissism' (Wurmser, 1987). H. Lewis (1987c) argues that behind the overt narcissistic behaviours of arrogance and conceit a subtler subtext can be discerned which consists of the narcissistic patient's proneness to humiliation and their sensitivity to put down from others. From this perspective she argues

that narcissistic 'entitlement' can be seen as a form of 'humiliated fury' in which the narcissistic individual attempts to 'turn the tables' on the other. Mollon (1984) has suggested that in many psychotherapy patients proneness to shame arises from a 'fragile self' caused originally by empathic failures of the individual's caregivers in childhood. Similar psychoanalytic perspectives on narcissism and shame are to be found in the work of Broucek (1982) and O'Leary & Wright (1986). M. Lewis (1992) suggests that both the apparent arrogance of the narcissistic individual and their proneness to shame derive from a tendency to make global self-attributions when they succeed or fail at something (i.e. they tend to evaluate their experience in terms of how it reflects on their personality or character rather than on more circumscribed traits or actions). Since this means that failure results in shame (rather than say guilt) these individuals are, in M. Lewis' opinion, likely to 'exert large amounts of interpersonal control in an attempt to ensure that failure does not occur' (p. 166). Control is sought both by blaming others for failure and manipulating others' evaluations of them.

There are two features that appear to be common in accounts of the relationship between shame and narcissism. Firstly it is suggested that narcissistic individuals are vulnerable to experiences of shame. Secondly their 'pathological' behaviour is understood as an attempt to ward off the experience of shame.

A few studies have attempted to correlate measures of shame with measures of narcissism. Harder & Lewis (1986) found that shame measured by the PFQ was significantly *negatively* correlated with the Narcissistic Personality Inventory

(NPI). Wright et al (1989) also found a negative relationship between shame assessed by the ASGS and the NPI. Gramzow & Tangney (1992) once again found a negative relationship between shame – this time assessed by the SCAAI and TOSCA – and the NPI. While on the one hand these findings appear to be consistent with the notion that narcissism involves strategies designed to avoid or minimise the experience of shame, Gramzow and Tangney argue that the NPI may fail to tap *pathological* aspects of narcissism. They demonstrate that when a number of apparently adaptive factors in the NPI are partialled out shame-proneness is significantly correlated with an ‘exploititiveness’ factor in the NPI. Gramzow & Tangney also found that shame-proneness was significantly correlated with Gerson’s Splitting Scale, indicating that shame is positively correlated with one important pathological narcissistic defence.

A central theme in the literature is that narcissistic patterns of thought and behaviour are a means of warding off the experience of shame, which is consistent with the strong negative correlations between measures of shame and the NPI. In the research to date the significant negative findings between narcissism and shame and Gramzow & Tangney’s (1992) positive findings of an association between shame-proneness and exploititiveness and splitting can both be interpreted as evidence in favour of an association between shame and narcissism. However since these two strands of evidence rely on different interpretations of the validity of the NPI they are not completely compatible. Nevertheless the findings so far seem to indicate that there is probably some kind of relationship between these two kinds of experience, even if we do not yet know exactly how it operates.

Eating Disorders

Silberstein et al (1987) argue that shame plays a major role in the aetiology and maintenance of bulimia. They highlight the prevailing cultural norms and practices which make thinness an important ideal for women in our society as well as citing evidence which suggests that for most women such ideals are unattainable due to the heritability of body mass and the paradoxical effects of dieting. These factors make bodily shame a common experience for many if not most women and a predisposing element in bulimia. Silberstein et al suggest that the dieting component of bulimia represents an attempt by women to control and minimise their bodily shame at the expense of their own appetites and desires. Bingeing is seen as 'a defiance and a rebellion against feeling constrained' (p. 101), however it soon becomes a source of further shame. As a consequence of these two sources of shame:

An unfortunate spiral is ... set in motion. Ashamed first of her weight and then of her repugnant eating behaviours, the bulimic woman progressively withdraws into a private world. She now experiences herself as a personal failure and feels unwantable, provoking yet more shame.

(Silberstein et al, 1987, p. 102).

As in the case of narcissism there are now a few studies that have examined the extent to which eating disorders are associated with shame. Sanftner et al (1995) found the TOSCA measure of shame-proneness to be associated with a range of

eating disorder symptoms assessed via the Eating Disorder Inventory – 2 (EDI-2) in a population of female undergraduates. Specifically these authors found shame-proneness to be associated with the drive for thinness, bulimia, body dissatisfaction, feelings of ineffectiveness, lack of interoceptive awareness, asceticism and social insecurity subscales of the EDI-2. Murray et al (1997) found that internalised shame (assessed using the ISS) was associated with pathological attitudes towards eating in a population of young women. They also found that internalised shame appeared to mediate the link between self-reported family dysfunction and eating attitudes. In an interview study of the daughters (ranging in age from 15 to 25) of Andrews' (1995) sample, Andrews (1997) found a significant association between bodily shame and bulimia assessed according to DSM-III criteria. She also found a significant association between bodily shame and childhood physical or sexual abuse, although she was not able to demonstrate a mediating role for bodily shame in the relationship between early abuse and the development of bulimia. Andrews was unable to establish from her participants' retrospective accounts whether their experience of bodily shame had predated the onset of their bulimia.

To summarise, research does appear to demonstrate an association between shame and eating disorders. Furthermore the Murray et al (1997) study and Andrews' (1997) study suggest that the shame involved may stem from problematic and abusive childhood experiences. However the extent to which shame is a cause or result of bulimia has not been examined systematically, although the analysis by Silberstein et al suggests that shame is important in both of these ways. It also appears that, as in the case of narcissism, at least one aspect

of the psychopathology – fasting – could be understood as a means of defending against shame (as Silberstein et al suggest).

Borderline personality disorder

Lansky (1992) has argued that dynamics of shame are central in borderline personality disorder. In his view:

Borderline patients endure continuing disturbances in all interpersonal relationships, disturbances that can only be understood with the dynamics of shame in mind. Most of the defensive operations of borderline patients are reactions to their shameful self-consciousness among others.

(Lansky, 1992, p. 37).

According to Lansky the purpose of the defensive operations is to evacuate a ‘sense of personal inadequacy’ by ‘disowning shameful parts of oneself’ (p. 47) using modes such as blaming, impulsive action, preoccupation and overt shaming of others. A similar perspective has been put forward by Nathanson (1994). Like Lansky he regards the symptoms of borderline personality disorder as defensive manoeuvres designed to control and minimise the experience of shame. Linehan (1993) also notes that shame is very pervasive in borderline individuals. She sees Borderline Personality Disorder as ‘primarily a dysfunction of the emotion regulation system’ (p. 42). In Linehan’s view borderline patients experience shame as a ‘secondary emotion’ to negative emotions such as sadness or anger that have been punished in childhood. Their shame about these feelings leaves such individuals in a trap where on the one hand they seek to have their feelings acknowledged and validated and on the other hand they condemn themselves for

experiencing them. For Linehan Borderline Personality Disorder is therefore ‘a natural result of a social environment that ‘shames’ those who express emotional vulnerability’ (p. 42).

So far there appears to be no research specifically addressing the relationship between borderline pathology and shame. However Gramzow & Tangney’s (1992) finding of an association between shame-proneness and splitting (cited earlier in the section on shame and narcissism) is evidence of an association between shame-proneness and at least one form of borderline defence. Once again the literature implies that the pathological effects of shame are to be found in the means employed to defend against shame.

Psychosis

It has been known for some time that a high level of criticism and over-involvement (referred to as high Expressed Emotion, or EE) by the families of recovering psychotic patients is associated with relapse (e.g. Vaughn & Leff, 1976). This implies that shame and shaming by other people might play a contributory role in the genesis and maintenance of psychotic illnesses. In keeping with this interpretation Morrison (1987) presents a series of case studies suggesting that themes associated with shame play a major role in the psychotherapy of recovering psychotic patients.

More recently Trower & Chadwick (1994) have drawn attention to psychotic patients’ difficulties in constructing a positive interpersonally constructed self.

They suggest that in some forms of paranoid psychosis the individual is unable to construct a viable sense of self due either to the disregard of significant others or to the fact that significant others intrude an alien 'bad' self when they attempt to present themselves in a positive way. These two kinds of problems in constructing the self are linked to different emotional and pathological consequences. The latter form of threat to the self, the imposition by important others of an alien 'bad' self, Trower & Chadwick link to intense feelings of shame and the desire to hide. These feelings manifest themselves in paranoid delusions in which others are seen as punishing, and all the individual can do is attempt to hide. This kind of paranoia, which Trower & Chadwick call 'bad me' paranoia, is distinguished from what they call 'poor me' paranoia. In 'poor me' paranoia the individual's attempts at constructing a positive sense of themselves in interactions with others are assumed to have been met with indifference rather than the imposition of a 'bad self.' In poor me paranoia the self is insecure, rather than alienated, and psychotic delusions concern other people's failures of recognition and respect. Delusions are therefore persecutory rather than punishing. In this latter form shame appears to be a threat which the individual seeks at all costs to ward off, rather than an ongoing state, of the kind suffered by the 'bad me' paranoid. In summary Trower & Chadwick's work suggests two ways in which shame might be implicated in psychotic delusions. In one of these the individual is in a chronic state of shame which is maintained by delusions in which the self is constructed as bad. In the other the individual appears to be in a chronic defensive stance against the ever-present threat of shame, a stance maintained by delusions in which the self is under attack.

So far there has been little systematic research on the relationship between psychotic experience and shame. However studies which have compared measures of shame with the SCL-90 have found significant correlations between shame and the SCL-90 subscale for psychoticism (Tangney, Wagner & Gramzow, 1992, Cook, 1994, Harder et al, 1992). Trower & Harrop (1997) have developed a means of identifying potential threats to the self in psychotic patients' descriptions of problematic interactions. This early work appears to support the notion that interactional sequences that thwart psychotic patients' attempts at self-construction may lie at the heart of their paranoia .

Social phobia

Despite a growing literature on social phobia (e.g. Heimberg et al, 1995) little attention has been paid to the role of shame in this disorder. This is perhaps surprising given that 'social phobics appear to be characterised by an excess of negative thoughts, particularly related to their own perceived inadequacy and others' evaluations' (Rapee, 1995, p. 53) and the DSM-IV definition of social phobia states that social phobia is characterised by a marked fear of humiliation (APA, 1994). So far there does not appear to be any research explicitly on the relationship between shame and social phobia and social phobia generally seems to be considered a form of anxiety (cf. Crozier, 1990 who argues that the omission of shame and embarrassment in accounts of 'social anxiety' is a serious omission). Social phobia could perhaps be seen as proneness to shame or fear of shame (and embarrassment) where control of shame is maintained by avoidance of social situations rather than by dissociating, manipulating one's view of

oneself and controlling others evaluations as in narcissism and borderline personality disorder.

Violence

A number of theorists have linked shame to a maladaptive kind of anger that H. Lewis (1971) has termed 'humiliated fury' and 'shame-rage'. H. Lewis (1990) describes humiliated fury as an 'inevitable' accompaniment of shame that is evoked almost 'simultaneously'. However she suggests that expression of this hostility is generally blocked by feelings of guilt. What takes place is 'a lightning-speed sequence from an evoked state of shame almost simultaneously into humiliated fury and thence into guilt for what is processed by the person as forbidden anger – unjust, wrong, or inappropriate anger' (p. 233). Since Lewis (1971) first wrote about the relationship between shame and humiliated fury a number of other theorists have suggested that the expression of overt hostility following shame is not always blocked by guilt and among certain people may result in acts of violence. Gilbert (1994) has noted that clinical work with violent men often reveals that these individuals are 'extensively prone to shame and sensitive to their image and its acceptance' (p. 381). Retzinger (1991) has examined how shame-rage contributes to marital dissatisfaction and conflict. Scheff (1994) argues that 'shame is the basic cause of the escalation of conflict' (p. 4) and analyses these dynamics at national level in the events leading up to the two World Wars. For both Retzinger and Scheff it is unacknowledged shame that results in rageful and aggressive behaviour. Lansky (1992) has suggested that marital violence occurs when partners whose personalities are vulnerable to

disorganisation attempt to control intimates so that they will not be flooded with shame. Explicit in Lansky's work, though implicit in Retzinger and Scheff's idea that it is unacknowledged shame that lies behind aggression, is the notion that violence is a way of avoiding feelings of shame which might otherwise be experienced if other people's perspectives were attended to or given credence.

While there appears to have been little systematic research on the relationship between shame and violence there is evidence that measures of shame are associated with maladaptive forms of anger. Wicker et al (1983) found that shame was associated with a desire to 'punish' others. Tangney et al (1992) in a study of undergraduates found that the shame subscales of the SCAAI and TOSCA were significantly correlated with subscales that measure the externalisation of blame. They found that shame-proneness was associated with the trait anger and anger reactivity subscales of Spielberger's Trait Anger Scale and the anger-hostility and paranoid ideation subscales of the SCL-90. In a second study these authors found shame-proneness was correlated with all subscales of the Buss-Durkee Hostility Inventory except two – the assault scale and the verbal aggression scale. While this latter finding suggests that shame-linked hostility is not likely to be expressed in violence, this may simply reflect the fact that the study was conducted with a non-pathological undergraduate sample. A study by Tangney et al (1996) involved 302 children, 76 college students and 194 adult travellers at an airport. Shame-proneness assessed by the TOSCA was positively correlated with maladaptive responses to anger (assessed by the Anger Response Inventory) in all age groups. These maladaptive responses included malevolent intentions, direct, indirect and displaced

aggression, self-directed hostility, and ‘negative long-term consequences’ following anger. The finding that shame-proneness is associated with aggression and hostility is consistent with conclusions drawn by Baumeister et al (1996) from an extensive review of the research on violence and self-esteem. Baumeister et al found that low self-esteem did not predict violence. They suggest instead that the literature is consistent with violent individuals having high but unstable self-esteem. This lack of stability means that such individuals are sensitive to ‘unflattering feedback’ which may catapult them into negative emotional states such as shame. According to Baumeister et al the aggressive and violent behaviour can therefore be understood as an attempt to forestall the interpersonal definition of situations that would lead to unwanted emotions. As they put it:

To avoid certain negative emotional states, such as shame, dejection, sadness, and disappointment with oneself, the person refuses to contemplate information that reflects unfavourably about the self. When others attempt to provide such unfavourable feedback, the person becomes agitated and directs unpleasant emotions at them. By focusing on his or her hostility toward the evaluators, the person avoids the dismal cycle of accepting the feedback, revising his or her self-concept, and experiencing the dejected feelings about the self.

(Baumeister et al, 1996, p. 11).

Finally, in a qualitative analysis of suicide notes, Mokros (1995) concludes that suicide is associated with a ‘deeply humiliated state of being’ (p. 1097).

The studies cited in this section seem to support the theoretical link between shame and aggression. The theoretical contribution of Lansky (1992) and the review by Baumeister et al (1996) both imply that aggressive and violent behaviour may frequently derive from attempts to avoid the experience of shame.

Summary

A number of theorists have made links between shame and the experience of psychopathology in general as well as a number of specific psychological disorders. These claims appear to be substantiated by a growing body of research in which, for the most part, measures of trait shame or shame-proneness have been found to correlate with measures of psychopathology. A small number of studies using different interview-based measures of shame have also found links between shame and psychopathology.

Less work appears to have been done on the development of theories to account for mechanisms of the relationship between shame and psychopathology.

Individuals suffering from narcissism, borderline personality, eating disorders and maladaptive aggression were characterised as being prone to experiences of shame and their symptoms were understood as attempts to avoid the experience of shame. However other types of relationship are also plausible. Some theorists have noted 'structural' similarities between the experience of shame and depression, which suggest that shame may be part of the experience of depression. Trower & Chadwick (1994) note that 'bad me' paranoia in psychosis has much in common with classic accounts of the experience of shame. Another

possibility, which Silberstein et al (1987) spelled out in the context of eating disorders, is that the experience of psychopathology can itself lead to shame.

Critique of the literature on shame and psychopathology

In the final part of this chapter attention will be paid 1) to ways in which shame has been operationalised in research and some implications of this 2) to a more socially grounded conceptualisation of the relationship between shame and psychopathology and 3) to the need for a more detailed specification of how proneness to shame relates to symptomatology. An attempt will be made to identify omissions and weaknesses in the existing literature and suggest some promising new directions for theory and research.

The operationalisation of shame in research

Almost all of the research on shame and psychopathology that has been published to date has utilised a cross-sectional questionnaire-based design. In this section and the next some conceptual and empirical problems with this approach are identified, which highlight the need for new methods in this field.

Firstly there are some fundamental disagreements in the literature about the nature of shame. For some theorists (e.g. Kaufman, 1989) shame, humiliation and embarrassment are all tokens of the same underlying affect. For others, and indeed for participants in a number of self-report studies (e.g. Miller & Tangney, 1994; Tangney et al, 1996) there are important distinctions to be made between these emotions and their effects. Given the complexity of the issues involved in

shame it is perhaps no surprise that, as Andrews (in press) has put it, ‘shame appears to be an elusive concept that ... does not lend itself easily to being operationalised’ (p. 8).

An underlying assumption in most if not all of the scales appears to be that individuals are either incapable of, or unwilling to, directly identify their experiences as shame using the word ‘shame. Indeed the present writer has been unable to find a single use of the word shame in any of the scales referred to in this chapter. One possible reason why shame has been operationalised in shame scales without ever using the term is that shame is associated with hiding (Lindsay-Hartz, 1984; Wicker et al, 1983) so it is assumed that people will be motivated to conceal this state from researchers. However a review of the evidence on shame and disclosure in Chapter Three suggests that people are often willing and able to report shame experiences, especially in the context of anonymous research (see also Macdonald, in press). A second reason is that many writers on shame and psychopathology appear to understand shame as a state which may have no counterpart in conscious experience. M. Lewis (1992) for instance distinguishes between a biologically hard-wired ‘emotional state’ of shame and the emotional ‘experience’ of shame and argues that the two do not always coincide (hence the possibility of ‘emotional substitution’ referred to earlier in the chapter). H. Lewis (1971) says that shame appears to have some ‘intrinsic connection with denial’ (p. 196) and is often registered as no more than a ‘peripheral, nonspecific disturbance in awareness’ (p. 197). However shame is a common language word used by people to describe certain kinds of presumably conscious experiences – experiences which they appear, according to a number

of studies, to be able to differentiate from other experiences such as embarrassment or guilt (Wicker et al, 1983; Tangney et al, 1996). To appropriate such a word and use it to describe events that occur at a biological level, a level that people do not consciously experience, could be regarded as looking for the 'emotion' in the wrong place, as constructionist theorists such as Averill (e.g. Averill, 1994b) have argued. Clore (1994) has argued on definitional grounds that emotions can never be unconscious, since 'feeling' is a necessary (though insufficient) condition for the experience of emotion (although most theorists of emotion would agree that components of emotional processing can occur in the absence of conscious awareness – see Davidson and Ekman, 1994).

The assumption that shame cannot be tapped directly leads, in the opinion of the present writer, to a major problem in the construction of shame scales. The problem is that in attempting to find analogues for the supposed underlying state of shame the researcher chooses items which overlap with other related but non-emotional constructs such as self-esteem or attributional style. Conceptual blurring may even extend to the psychopathologies with which shame is correlated, as Andrews (in press) has argued in a recent review of methodological issues in shame research. Andrews concludes that: 'Because of the high reliance on negative and global self-referent items in current questionnaire shame scales, correlations between measures of shame and particular disorders may be solely a consequence of a diffuse negative affectivity reflected in both measures' (Andrews, in press, p. 30). While this argument could be levelled at all the questionnaire measures, a number of scales (e.g. the PFQ

and the ASGS) also confuse emotional states, usually shame, embarrassment and humiliation which in many ways appear to quite different.

It is possible that researchers could safely develop more direct means of assessing shame, which would also be more valid. It was noted that people are able to make meaningful distinctions between emotions as similar as shame, guilt and embarrassment (Wicker et al, 1983; Tangney et al, 1996). Furthermore the feasibility of such an approach in studies of shame and psychopathology has been demonstrated in the research by Andrews (1995; 1997; Andrews and Hunter, 1997) who asked participants directly about bodily, behavioural and characterological shame.

The fact that an association between shame and psychopathology can be found when people are asked direct questions about shame raises questions about the utility of the concept of unacknowledged shame and the need to identify it in research. However Andrews studied relationships between shame and depression and bulimia and it may be that these particular pathologies are associated with more overt shame than occurs in other pathologies such as narcissism, borderline personality disorder and pathological aggression. Currently it is not known what the limitations of this direct means of assessing shame are, and whether individuals suffering from disorders such as narcissism and borderline personality would acknowledge shame in this way remains to be seen.

The context of shame and psychopathology

A second problem with questionnaire-based research on shame is that it deflects attention from the relationship between an individual's shame and the social context within which that shame takes place. Shame-proneness or trait shame is operationalised at an individual level and as a result the research creates an impression of people experiencing shame which is unwarranted by their external circumstances. This bias can be seen in even the most carefully constructed of shame scales, Tangney's scenario-based TOSCA (Tangney et al, 1989). The scenarios used in this scale are of common situations to which a number of emotional responses are possible (e.g. standing up a friend one has arranged to meet or making a mistake at work). While many of these situations might plausibly elicit shame most of them pale into insignificance beside the possible sources of shame for people who suffer from psychopathology. For this latter population circumstances such as being sexually or physically abused as well as currently being in powerless or debilitating circumstances are all too common, and a wealth of research now testifies to this fact (reviewed for example in Pilgrim, 1997). Only in the interview-based research of Andrews (1995; 1997; Andrews & Hunter, 1997), Eales (1989) and Brown et al (1995) are these factors beginning to be recognised in research on shame. The fact that most of the questionnaire-based research uses undergraduate samples reinforces the conclusion that such research mis-represents the true context of shame and psychopathology.

This line of criticism of the literature on shame and psychopathology is consistent with comments made by a number of authors who oppose the individualistic bias of most work on psychopathology. Coyne (1982) for example

has argued that cognitive models of depression are inadequate because they fail to take account of the depressed person's ecological niche. In his view a wider focus might reveal that 'Much of the persistence of depression may be the result of persons being in depressing situations' (p. 10). More recently Hagan & Smail (1997a, 1997b) have criticised individualistic assumptions in clinical psychology arguing that psychological distress is usually associated with 'the operation on the individual of damaging social forces and ... the individual's lack of the appropriate powers and resources to affect his/her predicament' (Hagan & Smail, 1997a, p. 258).

The need for a more detailed specification of the way in which shame is related to psychopathology

A repeated theme in the review part of the chapter was that the relationship between shame and psychopathology often involves an individual being vulnerable to shame on the one hand, and attempting to avoid the experience of shame in problematic ways on the other. The close association of on the one hand the experience and on the other a tendency to avoid the experience suggests that these kinds of shame experience may differ in nature from, say, prototypical experiences of sadness or anger which may occur in a clearer and more differentiated manner. The difference is reminiscent of Lansky's (1995) distinction between shame as a 'painful emotion' and 'the *signal* that shame is an imminent danger if distressing awareness is not removed from consciousness' (p. 1076). In the next chapter an attempt will be made develop a model of the kind

of anticipatory shame that appears to be involved and relate it to a number of concepts which are beginning to emerge in the literature on emotion.

Conclusion

Theory and research linking shame to a number of psychopathologies was reviewed. A number of problems and weaknesses in the research were identified. Firstly it was acknowledged that attempts to operationalise shame as an emotion which is likely to be unconscious or unacknowledged led to measures which may confuse shame with a variety of constructs, including the measures of psychopathology it has been correlated with (cf. Andrews, in press). Secondly it was argued that the predominance of questionnaire studies has deflected attention away from the context in which shame is experienced, and in particular from the fact that the shame experienced by psychologically disordered individuals may reflect actual rejection and stigma. Finally it was suggested that the kind of shame referred to by clinically oriented theorists of shame appeared to differ from prototypical emotional experiences. In the next chapter an attempt will be made to clarify the nature of pathological shame. In Chapter Four a diary method is introduced that capitalises on the evidence that individuals are sufficiently aware of and willing to report experiences of shame, and which aims to elicit information about the actual context in which shame is experienced by psychologically distressed adults.

Chapter Two

Marker Shame

Most researchers whose work was reviewed in Chapter One suggested that psychopathology was associated with enduring experiences of shame, or with a proneness to experience shame. It was also noted that for many theorists the pathological consequences of shame were associated not with the experience of shame per se, but with the means such shame-prone individuals use to avoid experiencing shame. In the current chapter an attempt is made to develop a clearer understanding of the nature of maladaptive shame by placing it in the context of a number of recent attempts to explain memory based emotional phenomena.

Review of literature on memory based and chronic aspects of emotion

Various strands of research and theory on emotion suggest that emotional experiences can be closely tied in with memory processes which lead individuals to respond to present predicaments on the basis of past emotional ‘lessons’.

Emotions of this kind will be termed ‘marker emotions’. This marker function of emotions seems to have been neglected in mainstream approaches to emotion which appear to have concentrated primarily on identifying the antecedent cognitive appraisals, the action tendencies, the displays and the

phenomenological concomitants of individual emotions¹ (cf. Lazarus, 1991; Frijda, 1986; Oatley, 1991). In this section an attempt is made to fill in this gap by reviewing research and theory from neuropsychology, the analysis of self-reported emotions, and the theoretical perspective of Tomkins and researchers who have been influenced by his ideas.

Neuropsychology

Research on the neuropsychological basis of emotional experiences has highlighted the memory based functioning of certain emotional responses and the importance of what LeDoux (1993) calls the ‘assignment of affective significance to sensory events’ (p. 110). Recent research has demonstrated some of the neural pathways that seem to be implicated in this process, many of which appear to centre on the amygdala, a particular focus of LeDoux’s own work (LeDoux, 1993). Focusing on the amygdala and related brain circuits Rolls (1990) has presented a model of emotion in which emotion serves as a reward or punishment that becomes linked with environmental information relevant to the organism’s adaptive interests. As he puts it ‘emotions can usefully be defined as states produced by instrumental reinforcing stimuli’ (p. 162). The emotional system provides motivating feedback about the reward/non-reward contingencies of particular environments or scenarios. A similar perspective on the function of emotional experiences has recently been put forward by Damasio (1994). He has studied patterns of frontal lobe damage in humans, which leave intellectual functioning unimpaired, but which nevertheless appear to prevent the individual

¹ A critical review of research and theory on shame which has taken place in the

from retaining the emotional colour of their experiences. This deficit invariably leads to these individuals making disastrous decisions in experimental tasks, suggesting, Damasio argues, that emotions play a vital part in our rational decision-making process. They do this, according to him, by providing an individual with a motivational commentary that consists of ‘somatic markers’ – bodily reactions that become associated with particular events.

These neurological contributions suggest that emotional memories play a vital part in guiding action, dissuading an individual from making the same mistakes again, and leading them on when past experiences suggest that prospects are good. The emotional experiences in question would appear to be ‘gut feelings’, motivational markers which are linked with particular kinds of environmental information. It seems likely that such gut feelings are not always clearly differentiated and labelled as ‘emotions’. Indeed they may usually belong to what Bucci (1995; 1997) refers to as the ‘subsymbolic’ level of emotional processing. Such feelings may also be regarded as ‘transferential’, in cases where the environmental information triggers the feeling in situations that are not associated with the original punishing or rewarding circumstances.

Self-reported emotions without a ‘definite time of occurrence’

Implicit in the cognitive-appraisal approach to emotion (Lazarus, 1991; Frijda, 1986; Oatley, 1991) is the assumption that emotions occur in discrete episodes. In these episodes appraisals lead to action tendencies and action tendencies lead

context of these approaches to emotion is available from the author.

to ways of changing the triggering events in the environment. Until recently there has been little attention to the temporal dimensions of such episodes, however Frijda et al (1991) have found reason to extend this episodic understanding of emotional experiences. In an analysis of self-reported emotions they note that many include 'elements both with and without a definite time of occurrence' (p. 188). For example a person may say in an emotional report that they 'felt disgusted' by someone at a particular time, and also that 'they have been angry with him ever since.' Frijda et al refer to these latter affective phenomena as 'sentiments', distinguishing them from 'emotions' and 'emotional episodes' which are temporally discrete. A sentiment is defined as:

a disposition to respond emotionally to a certain object. The construct serves to explain the lasting effect of emotional events or episodes; it serves more generally to explain the emergence of emotions that are not warranted by an eliciting event *per se*. A sentiment is a disposition that turns innocuous encounters into emotionally laden ones.

(Frijda et al., 1991, p. 207).

Frijda et al refer to a number of properties that sentiments possess. Firstly, the object of the sentiment is appraised in emotional terms regardless of the situation. In this sense the sentiment represents an abstracted emotional attitude towards a particular object, person or situation in the individual's environment. Secondly, the sentiment arouses affect (the object is liked or disliked, accepted or rejected) sometimes when the object of the sentiment is only thought about. Thirdly, as Frijda et al put it 'sentiments are dispositions that motivate actions to decrease or promote the occurrence of relevant emotional events' (p. 208).

Fourthly, sentiments are associated with rumination about their object (Frijda et al quote their participants' use of phrases such as 'It remains there to bother you' and 'it keeps pursuing you more or less', p. 209). Finally, sentiments are associated with particular beliefs about their object. These are often beliefs associated with the particular emotion which then become rigidified (e.g. blame which has featured in the experience of anger becomes ossified so that the person who was the target of the anger is seen, now a sentiment has formed, as blameworthy in all situations).

Frijda et al's work on sentiments illustrates how emotional dispositions can endure and influence both attitudes and decisions at the same time as being relatively low-level emotional experiences which don't appear to be adequately captured in episodic accounts of emotion. Furthermore sentiments are seen as emotional experiences that link past emotional learning to current predicaments. They are also seen as dispositions which have the power to turn 'innocuous encounters into emotionally laden ones', and which 'motivate actions to decrease or promote the occurrence of relevant emotional events.'

Emotion 'scripts'

A more comprehensive theoretical approach to enduring and personality based emotional phenomena can be found in the work of Tomkins (1963; 1995) who became increasingly interested in the emotional dynamics associated with personality. His work and the work of a number of researchers who have recently rediscovered his ideas offer perhaps the most developed account of emotions as markers.

Tomkins' described how various cognitive-affective constructions could develop in personality as means of controlling the individual's experience of positive or negative emotion, and emotional situations. For negative emotions these intrapsychic organisations are understood as 'affect acting at a distance' enabling individuals to avoid shame, fear or other negative emotions 'before [they] are seared by the experience of such negative affect' (Tomkins, 1963, p. 320-1).

Tomkins (1963) described how an individual could construct what he called 'theories' to guide and control the experience of the affect in question, so that, in the case of theories built around negative affects the theory functions to 'guide action so that negative affect is not experienced' (p. 320). He paid particular attention to the processes that cause a theory to develop. Tomkins suggested that theories build to the extent that they are unsuccessful in controlling the experience of intolerable negative affect, each failure necessitating increasingly generalised avoidance strategies to control the unwanted emotion. Using shame as an example, and the metaphor of crossing a busy road, Tomkins (1963) explains the difference between a 'strong' and a 'weak' theory as follows: if the theory is weak and the individual is confident of their ability to successfully negotiate the 'traffic of shame', such a person 'stands at the curb of shame, confident that he knows when to commit himself to the risks of passage.'

However:

if the individual cannot find the rules whereby he can cross the street without feeling anxious, then his avoidance strategies will necessarily become more and more diffuse. Under these conditions the individual might be forced, first, to avoid all busy streets and then to go out only late

at night when traffic was light; finally, he would remain inside, and if his house were to be hit by a car, he would have to seek refuge in a deeper shelter.

(Tomkins, 1963, p. 324).

As a theory builds the past experience of an emotion comes to mark certain situations, prompting action designed to avoid the emotion triggering circumstances.

In the latter part of his career Tomkins developed a more complex version of this model which he called 'script theory.' The basic unit of analysis in script theory is 'the scene' which is conceived of at its simplest as an experience that includes at least one affect and one object of that affect. 'Scripts' like the earlier 'theories', represent attempts to control the intrinsically rewarding or unrewarding experience of each affect, they are '*sets of ordering rules* for the interpretation, evaluation, prediction, production, or control of scenes' (Tomkins, 1995, p. 334, italics in the original). Tomkins paid attention to what he termed the process of 'magnification' of scenes into scripts. This magnification takes place largely as a result of rumination about scenes, as the person remembers and thinks about the scene, and as they envisage how things might happen in the future. It is assumed that this process links one affect-laden scene with others, which are slightly different, melding them into a somewhat more generalised or abstracted script. The fact that each scene that is connected in the script is different is important, and Tomkins sees the individual as operating in a manner analogous to a scientist who aims to 'explain as much variance as they can with the fewest possible assumptions' (Tomkins, 1995, p. 328). In the case of negative

emotions the individual is supposed to magnify the scene by discovering *analogues* – similarities in otherwise different scenes. This means that once a script has been formed it can act as a filter that excludes contradictory information, so that emotional experiences that are particularly feared are also especially likely to be triggered, at least in their marker form. In this way emotional experiences are seen firstly as causing emotional scripts, but later being caused *by* them. As Tomkins puts it: ‘In the early stages of magnification, it is the set of scenes which determines the script; but as magnification increases, it is the script which increasingly determines the scenes.’ (Tomkins, 1995, p. 333).

Singer & Singer (1992; 1994) and Singer & Salovey (1993) have done much to connect Tomkins’ ideas with the mainstream of research and theory in memory and emotion. They argue that script theory provides the most complete account of the development of transference patterns, in which people assimilate analogous situations to representations of previous emotional experiences. These writers ground their understanding of Tomkins’ idea of magnification in Reiser’s ‘context-plus-index’ model of autobiographical memory. This experimental approach has established that remembered experiences ‘are accessed by first retrieving the [knowledge] structures themselves, then using generic information within them to direct search through associated structures and events’ (Reiser, 1983, quoted in Singer & Salovey, 1993, p. 88). According to Singer & Salovey this generic memory structure is analogous to the script in Tomkins’ theory so that magnification ‘extracts the common properties of distinct events in time and forms a generic category in memory that serves as an abstract representation of

these properties' (Singer & Salovey, 1993, p. 88). In this way psychological magnification can be viewed as 'a specific instance of how individual experiences are indexed in generic structures of autobiographical memory' (Singer & Salovey, 1993, p. 90).

Singer & Singer (1992) and Singer & Salovey (1993) distinguish a number of different levels at which memory based emotional phenomena might become manifest. As the emotional memory becomes more generic and abstract at the script level it is assumed to become more and more automatic. This has been operationalised in the notion of 'summary' memories in research by Singer & Moffitt (1991-1992). However Singer & Singer (1992) and Singer & Salovey (1993) are also interested in emotional memories which are more accessible to introspection. Drawing on theoretical work by Tomkins and Adler they have begun research on what they call 'self-defining memories.' These are defined as memories which are: vivid; affectively intense at the time of recall; frequently revisited whether in thought or conversation; linked to other memories; and finally focused on the individual's enduring concerns or unresolved issues (Singer & Salovey, 1993). It is assumed that these emotions are important in people's self-definition, however it is also assumed that they serve to reinforce and underline the more abstracted and generic scripts. Self-defining memories, as well as scripts, are a form of 'affect acting at a distance', as 'What we feel when we recall the memory tells us what it would be like to have that experience of success or failure again' (Singer & Salovey, 1993, p. 65). In both scripts and self-defining memories the focus is on 'affective responses that link the past and the future to the here and now' (Singer & Salovey, 1993, p. 160). Research by

Moffitt & Singer (1994) has demonstrated that self-defining memories are related to people's current goals, and that participants who identified more avoidance goals 'also recalled memories with greater relevance to the nonattainment of their strivings' (Moffitt & Singer, 1994, p. 33). In these latter cases the memories could be seen as acting as 'cautionary tales' about the pursuit of particular goals.

Summary

A number of neuropsychological approaches to emotion (LeDoux, 1993; Rolls, 1990; Damasio, 1994), an analysis of the temporal aspects of self-reported emotions (Frijda et al, 1991), Tomkins' analysis of the development of emotional patterns in personality (Tomkins, 1963; 1995) and Singer and his colleagues' development of this work (Singer & Singer, 1992; Singer & Salovey, 1993) all point to a rich and comparatively neglected area of study in mainstream emotion research, that of enduring memory based emotional phenomena. The function of these 'marker' emotions appears to be that of guiding individuals away from negative experiences that they have previously encountered.

Marker Shame

In this section an attempt will be made to show how the notion of shame as a marker emotion fits in with theories of shame as a maladaptive emotion.

Following this it will be suggested that marker shame acts as a commentary on the goal of being valued.

Marker shame and existing theories

The notion of marker shame fits in well with a number of phenomena which theorists have linked to maladaptive shame. Firstly theorists have described maladaptive describe shame as extremely hard to identify. This is typified in H. Lewis' (1987a) observations that therapists generally fail to identify their client's shame in therapy sessions. Since it is a part of the therapist's job to pay close attention to their client's emotional states this implies that such shame is highly elusive. Scheff (1988) has described shame as 'invisible' and Scheff (1988) and Retzinger (1991) emphasise the fact that unidentified shame is interpersonally destructive.

A second area that the notion of marker shame helps to illuminate is the nature of the association between shame and psychopathology. At first sight it appears somewhat paradoxical that an emotion which appears to be associated with appeasement and submission on the one hand (Castelfranchi & Poggi, 1990; Keltner & Harker, in press) should also be associated with such interpersonally destructive characteristics as rage, violence, and narcissism (see Chapter One). It is also puzzling how shame could come to be associated with such a variety of different pathologies. However the notion of marker shame as 'affect acting at a distance' (Tomkins, 1963, p.320) helps to clarify the relationship between emotion and psychopathology since there are many ways in which one can avoid a situation in which an emotion might be experienced. For example one might manipulate one's beliefs in order to avoid the appraisal patterns that lead to shame by blaming others as Baumeister et al (1996) maintain (see Chapter One),

or one might engage in any number of behaviours which reduce exposure to potentially shaming experiences. The various pathological patterns of behaviour can be seen as shame avoiding scripts (Kaufman, 1989). Which script is chosen may depend on the degree of social support and secondary gain associated with the available options.

Thirdly the notion of marker shame helps to make sense of the description of shame as a 'transference' emotion. The transference aspects of shame have been especially emphasised by H. Lewis (1971). Her understanding of shame involves a 'split' in the functioning of the self in which a projected 'other' person was assumed to be scornfully viewing the self. H. Lewis made it clear that although in shame the shamed person experiences this 'other' as the source of shame, nevertheless shame is a species of 'self-derogation.' Consequently she described the imagery associated with shame as 'paranoid.' H. Lewis' ideas about shame as a transference emotion can be related to the emphasis in marker models of emotion on the role of interpersonal expectations. Tomkins (1963) has described how emotional 'theories' develop as a result of 'rewarding' or 'punishing' responses of the parents to the display of an emotion. The emotion is more likely to be controlled and developed as a marker emotion if interpersonal feedback and subsequent interpersonal expectations are negative. Inherent also in the idea of transference shame is the idea that shame is structured somehow in an individual's personality – this is also alluded to in H. Lewis' (1971) description of shame as a 'superego' emotion. It is also in keeping with the emphasis on shame-proneness, trait shame or internalised shame in the review of shame and psychopathology in Chapter One. Tomkins' (1995) script model of marker

shame provides a detailed theoretical analysis of how such personality based shame of this kind develops and operates in the context of an individual's emotional engagement with their environment.

Marker shame and the goal of being valued

In addition to clarifying certain aspects of existing theories of maladaptive shame the marker shame concept can help place shame in a context which clarifies the part it plays in human distress. In H. Lewis' later work (H. Lewis, 1987a) she emphasised the relationship between shame and the human need for attachment. According to her shame could be understood as an emotion that arises when an individual experiences some threat to an 'affectional tie' with someone else. With the help of Singer & Salovey's (1993) idea that scripts and self-defining memories act as motivational commentaries on people's important goals it is suggested that marker shame acts as 'cautionary tale' concerning the individual's goal of being included and valued by other people. This is consistent with ideas on the appraisal of shame which suggest that shame is triggered when an individual's goal of esteem is thwarted (Castelfranchi & Poggi, 1990; see also Frijda, 1993; Crozier, 1995). In the case of marker shame it would appear to be the *threat* of this goal being thwarted which will activate both the marker shame and the various avoidant scripts associated with pathology.

If this is so it makes shame extremely relevant to a social understanding of psychological disorder, because if marker shame acts as a cautionary tale on the goal of seeking value in relationships with others it would appear to define the

limits of an individual's ability to engage as a respected partner with others. If the individual acts against their marker shame or shame script then they will expect other people to behave in a rejecting or humiliating fashion. This suggests that people who have pervasive marker shame may feel very isolated from others since they may not have an agenda for seeking positive interpersonal outcomes in relationships, being preoccupied instead with the avoidance of negative outcomes.

An illustration can be found in a case study by Singer & Singer (1992). In this study what appears to be marker shame blocks the subject, Tom's, pursuit of important social goals and helps to maintain his state of emotional isolation. Tom recalls a self-defining memory of his childhood early in therapy. He remembers breaking a pencil in class, being held up in front of his classmates by his teacher, and being prevented from looking away, while the teacher informs the class that "B" is for "Brown" and for "Baby." He then remembers being shut into a cupboard at the back of the classroom where he feels somewhat safer. Singer & Singer describe how this memory highlights key features of a script that is repeated again and again in Tom's relationships. They summarise it as follows:

Experiencing himself as unworthy and in danger from a hostile world, he sought a haven at the margin of each encounter. From this edge, he looked ruefully outward, exiled from true satisfaction, but momentarily protected from open humiliation.

(Singer & Singer, 1992, p. 519).

This same pattern would be enacted in therapy whenever Tom attempted to enter into a closer relationship with the therapist. As Singer & Singer describe:

Tom would attempt to move closer to the therapist, only to detect with a sudden chilling effect that the therapist appeared to be looking at his watch, stifling a yawn, or laughing at him instead of with him ... Tom's painful observations, spurred on by the automaticity of his nuclear² script, would result in a subsequent withdrawal from the relationship with the therapist and a renewed complaint that he could not trust any caregiver. (Singer & Singer, 1992, p. 529).

Although Tom's childhood memory is one in which shame and humiliation are clearly salient his script appears to have compressed the experience to a degree where what is registered is an undifferentiated 'sudden chilling effect.' However this 'marker' has an important effect in his life, causing him to back off from relationships in which he hopes to be valued. In keeping with theoretical observations of the link between shame and rage Tom subsequently appears to attack the therapist for being an untrustworthy caregiver.

Marker shame and other forms of shame

It seems likely that marker shame is only one of a number of possible forms of shame. It would seem in particular that marker shame can be contrasted with forms of shame which communicate deference or appeasement and which may support and enhance social relationships. This latter view of shame has been emphasised by Castelfranchi & Poggi (1990) and by Keltner & Harker (in press). These authors present research which appears to indicate that displays of shame

² A term used by Tomkins for scripts which have formed around important unresolved goals.

may lead to more favourable judgements from other people. A more detailed treatment of such ‘performative’ shame can be found in Appendix 1.

Conclusion

In this chapter it is suggested that pathological shame fits in with some recent ideas about memory based affective phenomena. These ideas stress the importance of quite subtle kinds of emotion, based on past experience, which play a crucial role in planning. In this context it is argued that the specific relevance of marker shame is that it leads to self-isolation and blocks the pursuit of the social goal of being valued by other people. In the next chapter literature on the relationship between shame and one domain of social activity – disclosure – will be reviewed. Subsequently research will be presented which specifically examines the role of anticipatory shame in the non-disclosure of negative emotional experiences in samples of psychotherapy patients. In Chapter Eight an attempt to operationalise Singer & Salovey’s (1993) notion of self-defining memories in context of shame will be reported.

Chapter Three

Shame and Disclosure

Theoretical perspectives

Shame and hiding

“All I can think of is I just wanted to hide myself away.”

“I hid it because I didn’t tell nobody [inaudible] kept it all to myself.”

“I tried my best to hide my whole body. All the time. Wearing huge jumpers and huge skirts constantly.”

These remarks were made by people who had just described incidents involving strong feelings of shame and who were then asked by the interviewer ‘If you could have done, was there anything about yourself you wanted to hide?’¹ The word ‘shame’ is in fact thought to derive from an Indo-European word meaning ‘hide’, and the idea that shame motivates hiding and concealment is a central defining component of shame for most theorists. Fischer & Tangney (1995) in the introduction to their recent edited volume on the ‘self-conscious emotions’ suggest that in shame ‘The person tries to hide or escape from observation or judgement’ and may ‘turn ... away from other people’ (p. 10). In the same volume Barrett (1995) suggests that the ‘action tendency’ of shame is

¹ These comments are taken from a pilot interview study conducted by the writer

‘Withdrawal; avoidance of others; hiding of the self’ (p. 43). In a similar vein Lazarus (1991) says ‘I propose that the action tendency in *shame* is to hide, to avoid having one’s personal failure observed by anyone, especially someone who is personally important’ (p. 244). These theoretical perspectives on shame and hiding are congruent with the layperson’s understanding of shame. Lindsay-Hartz (Lindsay-Hartz, 1984; Lindsay-Hartz et al, 1995) used a method known as ‘conceptual encounter’ in which the interviewer compares their *a priori* conceptualisation with that of research participants. One of the goals of the study was to ‘develop abstract descriptions of guilt and shame that would describe *each and every example* of shame’. On the basis of this approach and the interviewees’ own accounts of their shame, Lindsay-Hartz et al (1995) arrived at a ‘summary’ statement of what they called the ‘instruction’ of shame: ‘we wish *to hide* in order *to get out* of the interpersonal realm and escape our painful exposure before the other.’(p. 278).

It would appear, then, that there is a reasonable consensus among theorists, researchers and lay people that the experience of shame involves an impulse to get away from other people, an action tendency of interpersonal avoidance. This link between shame and hiding suggests that, at least at the time of experiencing shame, people are unlikely to disclose or talk about how they are feeling.

Unacknowledged shame

There is, however, another layer to the issue of concealment and shame. This is that shame may be concealed from conscious acknowledgement. As mentioned

in Chapters One and Two a number of writers have focused on fleeting experiences of shame which may never be labelled or even consciously experienced as such (H. Lewis, 1971; M. Lewis, 1992; Retzinger, in press; Scheff, in press). H. Lewis (1971) coined the term ‘unacknowledged shame’ to refer to this phenomenon after analysing transcripts of a number of psychotherapy sessions, using Gottschalk’s coding scheme for detecting ‘shame-anxiety’ and ‘guilt anxiety’. Lewis was struck by the amount of shame she discovered which remained unacknowledged by both client and therapist. As she puts it ‘Difficulties in identifying one’s own experience as shame have so often been observed that they suggest some intrinsic connection between shame and the mechanism of denial’ (1971, p. 196). According to Lewis denial operates in two ways. In the first of these ways:

Shame affect is overt or available to consciousness but the person experiencing it either will not or cannot identify it. At the moment that the person himself says: ‘I am ashamed’, shame affect is likely to be diminishing. An observer may identify that the other person is having a shame reaction, or the person himself may identify it as it is receding, but while shame is occurring the person himself is unable to communicate. He often says only that he feels ‘lousy’, or ‘tense’, or ‘blank’.

(H. Lewis, 1971, p. 197).

This kind of shame is referred to as ‘overt, unidentified shame’. The second kind of denial tempered shame is referred to as ‘bypassed shame’, and, according to Lewis, it involves much cognitive activity focused on ‘doubt about the self’s image from the other’s viewpoint’ (p. 197), although there appears to be little of the feeling component characteristic of the overt, unidentified shame, only a

‘wince’, ‘blow’ or ‘jolt’ which constitutes a ‘peripheral, nonspecific disturbance in awareness’ (p. 197).

Lewis raises the issue of how the level of awareness at which shame is experienced influences the degree to which it is communicated, or even communicable. Thus in addition to being unwilling to talk about their experience people may also lack the verbal schemas needed to articulate that they feel ashamed. Various other descriptors might be used to label internal experiences, such as awkward or hurt, but not shame (Retzinger, 1991).

According to Lewis another reason that these fleeting experiences of shame remain unacknowledged - both to others and to the self - is that people are ashamed of their own shame reactions. Scheff (1988; 1990; 1995), drawing on Lewis’ notion of ‘unacknowledged shame’ and Cooley’s notion that we constantly ‘live in the minds of others without knowing it’, suggested that shame ‘is the most frequent and possibly the most important of emotions [because of its role in maintaining conformity] even though it is usually invisible’ (Scheff, 1988, p. 387). He argues that we are all constantly in a state either of pride or shame, but these experiences are profoundly taboo, accounting for the fact that shame is rarely referred to.

Lewis and her followers describe how such unacknowledged shame leads to other problematic emotions, typically, in Lewis’ (1971) words, a ‘lightening-speed sequence from an evoked state of shame almost simultaneously into a humiliated fury and thence into guilt for what is processed by the person as

forbidden anger – unjust, wrong, or inappropriate anger’ (p. 233). This kind of humiliated fury creates a ‘feeling trap’ in which the person can oscillate between shame and anger – each state rekindling the other. Scheff (1987; 1988; 1995) and Retzinger in her (1991) study of marital conflicts, have amplified Lewis’ observations by applying them to interpersonal as well as intrapersonal dynamics. Thus each party’s ‘humiliated fury’ conveys disrespect to the other evoking a similar experience of shame-rage, which in turn provokes more shame in the first, and so on. The result of this is that: ‘Denial of shame is both cause and effect of a continuing cycle of deception and self-deception about thoughts and feelings’(Scheff, 1995).

Shame is therefore likely to be obscured by its proximity to other emotions such as guilt or ‘humiliated fury’, making it harder for people to identify. The fact that even researchers and theorists of shame are not in agreement about whether shame is distinct from closely associated emotions such as guilt, embarrassment and humiliation (Miller & Tangney, 1994; Wicker et al, 1983; Gilbert, 1997), adds weight to the notion that it may be difficult for people to identify their own shame.

Interim summary

The theory reviewed so far suggests, then, that the experience of shame and the source of shame are unlikely to be disclosed for a number of reasons. First, because hiding and concealment are intrinsic parts of the emotion – it’s ‘action tendency’ (Barrett, 1995; Lazarus, 1991) or ‘instruction’ (Lindsay-Hartz et al,

1995). Second, as Lewis (1971) notes, because there can be domains of ‘unacknowledged’, ‘undifferentiated’ and ‘bypassed’ shame where people are minimally aware of their own experience of shame at the time that they experience it. Third, as Lewis and Scheff suggest, because talking about shame (which will usually involve revealing feelings of inadequacy, inferiority and possible badness) may be taboo. Shame can remain unacknowledged because people feel ashamed of their own shame. Finally, because shame may be hard for people to distinguish from other emotions it is closely associated with, especially, for example, embarrassment, humiliation, shyness, social anxiety or guilt.

Shame and the management of identity

Lewis’ ideas were derived from psychotherapy transcripts. A broader sociological perspective on the disclosure of shame is provided by Goffman’s dramaturgical account of human interaction (Goffman, 1959). Goffman proposed that a fundamental human motive is the maintenance of a person’s identity claims in particular interactions. In large part, Goffman’s work involves subtle analyses of how this motive manifests itself in multifarious ways in a wide variety of social situations. Although not quite centre stage in Goffman’s writing, this fundamental process is seen as driven by the emotions of embarrassment and shame. These are both thought to occur when a person fails to uphold their identity claims in a particular situation. In Goffman’s words:

Given the fact that the individual effectively projects a definition of the situation when he enters the presence of others, we can assume that

events may occur within the interaction which contradict, discredit, or otherwise throw doubt on this projection. When these disruptive events occur, the interaction itself may come to a confused and embarrassed halt. Some of the assumptions upon which the responses of the participants had been predicated become untenable, and the participants find themselves lodged in an interaction for which the situation has been wrongly defined and is now no longer defined. At such moments the individual whose presentation has been discredited may feel ashamed while the others present may feel hostile, and all the participants may come to feel ill at ease, nonplussed, out of countenance, embarrassed, experiencing the kind of anomaly that is generated when the minute social system of face-to-face interaction breaks down.

(Goffman, 1959, p. 23).

Although Goffman did not formally separate shame and embarrassment as we might today (e.g. Miller, 1996) he did write extensively and insightfully on the manifold means employed by people to hide what he calls ‘destructive information’ – information which would cause embarrassment or shame in an encounter were it known by the other interactants. Goffman talks of two core sets of practices which people use to maintain identity in interactions. The first of these is ‘corrective’ and occurs when people act in such a way as to minimise or cover up identity slips of other people: an example would be simply to carry on as if nothing embarrassing has occurred if someone demonstrates that they have a stutter. The second set of practices are ‘preventive’ – they consist of our attempts to maintain our own identity claims. In this case a person might nod sagely and

remain silent in order to conceal the fact that they have a stutter. It is into this latter category that the importance of controlling 'destructive information' about oneself belongs. Thus as Goffman (1959) put it: 'A basic problem for many performances, then, is that of information control; the audience must not acquire destructive information about the situation that is being defined for them.'

(p. 26).

In Goffman's (1963) book, *Stigma: notes on the management of a spoiled identity*, he makes a distinction between those who have to manage the discomfort of having their shameful qualities exposed for all to see, and those who harbour qualities which *if known* would cause them to suffer the shame of exposure:

The term stigma and its synonyms conceal a double perspective: does the stigmatised individual assume his differentness is known about already or is it evident on the spot, or does he assume it is neither known about by those present nor immediately perceivable by them? In the first case one deals with the plight of the *discredited*, in the second of the *discreditable*.

(p. 14).

This important distinction suggests that shame may operate in different ways depending on whether it is an outcome which has currently been realised, so that the identity a person is projecting has actually been discredited, or whether such an outcome is simply feared. It is those who fear being discredited who are likely to be motivated to avoid disclosure of their shameful characteristics and 'pass' as normals. Thus much of Goffman's analysis concerns what could be termed 'techniques of non-disclosure'. Goffman's work gave rise to the study of

‘facework’, defined as the ‘artful process of diffusing and managing self-focused emotions and other-focused emotions’, key among which are shame and pride (Ting-Toomey, 1994, p. 4). To date the affective underpinnings of facework have been largely neglected by researchers (Ting-Toomey & Cocroft, 1994).

Since Goffman’s landmark work, self-presentation and image management have attracted much attention, with a large literature supporting the power of self-presentation (e.g., Leary, 1995). The evidence is now overwhelmingly in favour of humans as ‘image managers’, sensitive to the interests of their audience, and striving to manage their self-presentations in order to maximise positive approval and minimise disapproval. Strangely, the research on self-presentation has become increasingly separated from the shame literature. There is much, however, that each could gain from the other.

Marker shame

For Goffman it is the *anticipation* of shaming interactions which leads to various forms of hiding and non-disclosure. Goffman’s approach contrasts with the focus of the more emotion-based work on hiding and non-disclosure, where this arises as a *consequence* of experiencing shame. However it is consistent with the marker shame which was described in the previous chapter, based on the work of Tomkins (1963) and Singer & Salovey (1993). Together with Goffman these authors suggest that shame can have pre-emptive functions and, in this capacity, prompt a considerable range of behaviours designed to conceal and protect the self. Such a function may be compatible with the low visibility ‘unacknowledged

shame' alluded to by H. Lewis (1971) and Scheff (1988). Pre-emptive marker shame of this kind may play a major role in people's decision making. Later in the paper it will be suggested that shame of this kind plays a part in the non-disclosure of emotions more generally.

Empirical studies of disclosure and shame

In the previous sections a robust link was found between shame and concealment at a theoretical level. It remains to be seen to what extent this position is supported empirically.

The aversive effects of embarrassment and shame

A number of social psychology experiments, which were not intended specifically to look at the inhibitory effects of shame on disclosure, nevertheless imply that the threat or experience of shame diminishes affiliation. In an early experiment by Sarnoff & Zimbardo (1961) participants were led to believe that they would have to take part in an experiment where they would have 'to suck on a number of objects commonly associated with infantile oral behaviour' (p. 360) a manipulation which was expected to lead to high anxiety because of the threat of being 'ridiculed and censured'. Subjects in this 'high anxiety' condition showed a marked decrease in affiliation, as indexed by their desire to wait alone for the supposed investigation rather than in the company of others. In a study of coping Folkman et al (1986) found that:

When threat to self-esteem was high, subjects used more confrontive coping, self-control coping, accepted more responsibility, and used more escape-avoidance compared to when threat to self-esteem was low; they also sought less social support.

(Folkman et al, 1986, p. 997).

Brewin et al (1989) studied the relationship between cognitive appraisals and individuals' self-reported attempts to seek social support. Social withdrawal following a stressful experience was associated with appraisals of low consensus of the negative outcome (i.e. the person felt that other people would not have had such a negative outcome), global self-attributions and blame on personal inadequacy. As the authors point out these appraisal dimensions have been linked to the experience of shame, suggesting that social withdrawal was associated with the degree to which the participants felt shame. In a review of self-defeating behaviour patterns Baumeister & Sher (1989) cite a number of studies which demonstrate that people are prepared to sacrifice 'tangible rewards' in order to evade situations where they might lose face. In one such study subjects were confronted with a trade-off between money and the expectation that they would be exposed to an emotional state in which 'core features of the self' would become salient. As in other studies subjects preferred to avoid exposure rather than maximise monetary profit (Baumeister & Cooper, 1981). Baumeister & Sher conclude that: 'The importance of high self-focus and negative affect in causing self-destructive behaviour was ... confirmed, although some further evidence is desirable.' (p. 12).

Shame-like or embarrassing predicaments are therefore strong motivators of socially avoidant behaviour. In all but the Brewin et al (1989) study the avoidance was associated with the *threat* of shame or embarrassment. Thus these studies go some way towards supporting Goffman's view that people will be powerfully motivated to avoid situations in which they might experience shame. This focus in all but Brewin et al's (1989) study on the anticipation of shame or embarrassment might be why the word shame is not used by these authors (although Baumeister & Sher (1989) mention embarrassment). As suggested above such anticipatory shame may be particularly 'invisible', occurring only momentarily in consciousness. Given this, and the fact that shame and embarrassment are distinct affective states (Edelmann, 1995; Miller & Tangney, 1994), it is obviously desirable to have more direct evidence on the role of shame in socially avoidant behaviour.

Studies of shame

Lindsay-Hartz (1984; Lindsay-Hartz et al 1995) interviewed 19 people about their experiences of shame and guilt. She found that all of the interviewees who described an experience of shame 'emphasised that they felt a desire to hide and 'get out' of the interpersonal situation in which they found themselves' (1984, p. 692). This desire to escape she relates to the fact that the negative self-image of the person who is ashamed 'is experienced as a social reality' (1984, p. 698). As she puts it 'If others cannot see us, and if we can even hide from ourselves, then we have no social reality' (p. 698). Lindsay-Hartz' findings are consistent with a study by Frijda et al (1989) in which the authors attempted to predict the names

of 16 different emotions recalled by 60 subjects from questions about the action tendencies of those emotions. Positive responses to a question about wishing to disappear from view distinguished shame from the other emotions. A pilot interview study of ten psychotherapy patients (Macdonald & Tantam, 1994) found some evidence of social avoidance in the wake of shame-like experiences (such as being in a social situation where one wanted to hide or disappear, and feeling humiliated by other people). It was found that in 88% of cases participants expressed that they were concerned about the negative characteristics they revealed in the situations they described – suggesting that, at least according to the criteria adopted by H. Lewis (1971) they were experiencing shame. Seventy per cent of the responses to a question about how they behaved afterwards mentioned some form of social avoidance, and in 72% of the responses to the question ‘was there anything you wanted to hide or conceal?’ the subject mentioned something they wanted to conceal. Given the fact that this collection of narratives included a number of experiences which did not appear to be experiences of shame the data does suggest a high association between shame, or shame-like, experiences and socially avoidant and hiding behaviour.

‘Social sharing’ of shame. The research considered so far has focused on the participants’ experience of wanting to hide or conceal at the time that they felt the shame. Both the theory and the research suggests that shame is unlikely to be disclosed voluntarily to others at the time that it is happening. However an important secondary question concerns whether people are prepared to talk about their shame afterwards. Goffman’s theory suggests that people would on the

whole be motivated to avoid the disclosure of potentially ‘discrediting’ experiences. This is apparently confirmed in a study by Shimanoff (1984) in which references to emotion words in conversations by college students and married couples were analysed and it was found that shame was among the least frequently mentioned emotions (along with grief, loneliness, pride and resentment). While fitting in with the theoretical perspectives reviewed earlier, for instance Scheff’s proposal that shame is profoundly taboo, this finding may of course simply reflect the fact that people do not talk about shame in an everyday conversational context, or when they are being tape recorded. However non-disclosure carries with it the risk that one will be found out, and in the process lose control of how negative information about the self is presented. Additionally if one acknowledges one’s shame one is signalling a susceptibility to social control which may be appeasing (Keltner, in press), and lead to increased acceptance.

Research by Rimé and his colleagues (Rimé et al, 1991; Rimé et al, 1996) has established that generally everyday emotional experiences are associated with ‘social sharing’ after the event – people generally tell someone else about the emotional experiences they have had. Summarising the results of a number of retrospective studies of social sharing, which included 913 participants whose age ranged between 12 and 60 years, covering 1384 emotional episodes, the ‘observed proportion of cases in which subjects reported having talked with people about the emotional episode varied from 90 to 96.3% of the sample, according to the study’ (Rimé, 1996, p. 4). Shame was included in a number of these studies. Rimé et al (1991) asked 87 participants to describe shame, anger,

sadness, fear or happiness experiences, after which they were asked to fill in a social sharing questionnaire. Contrary to the authors' expectations shame did not differ from the other emotions in either the proportion of social sharing, or the manner in which they were shared. It was found that for shame, as for the other emotions, the subjects reported in more than 50% of cases that their first sharing of the experience involved 'giving the other person a full account of what happened', 'telling the other persons what the event had meant', and 'telling the other person how the subject had felt'. However the study did reveal some differences between shame and the other emotions. Firstly, shame was discussed less than other emotions with acquaintances, colleagues and parents, so that the recipient of social sharing was more likely to be a partner, friend or sibling. Secondly, the social sharing was less likely to take place with 'the first person encountered right after the event' (p. 448). Evidence from this study appears to suggest that while people *are* prepared to share their experiences of shame, they are also more cautious and selective about who they do this with – generally choosing equal status intimates. Shame was also included in the basic emotions investigated by Rimé et al (1996) in two prospective diary investigations of social sharing. In the first of these studies no differences in social sharing were found between shame and other emotions in a sample of 41 female students. However in the second study, a replication and extension of the first there was a non-significant trend for shame to be less socially shared *on the day the emotion happened* (25% compared with the overall average of 58%). There were only 8 instances of shame among the 459 emotions recalled overall, and unfortunately no data was presented about social sharing after the day that the emotion took place. It may well be that in line with Rimé et al's (1991) finding, shame was

simply shared later and more selectively. Overall the evidence from Rimé and his colleagues suggests that, surprisingly in the context of the association between shame and hiding, people do talk about their experiences of shame, but they take care about who they tell.

Rimé and his colleagues studied social sharing in non-distressed populations, and their research paradigm was designed to elicit typical rather than extreme emotional experiences. However there is some evidence that shame may be disclosed even when it is extremely distressing. An unpublished interview and questionnaire study by Terwijn (1993) in which 46 respondents were asked to describe the 'worst shame' in their lives, included a number of questions about the disclosure of the experience to others. Terwijn found that 60% of her respondents had talked about their experience with one or more others, and of these 18% had talked to a therapist, although, in line with Lewis' (1971) work they had not all, apparently, used the word 'shame'. The experience was generally not disclosed to the individuals who were most involved in the participants' shame, a factor which Terwijn linked with lack of resolution of the shame experience.

Disclosure of shame in research interviews. Parallel evidence of disclosure of shame after the event is provided by the extent to which participants in research interviews are willing to reveal their shame. Lindsay-Hartz (1984) found that in contrast to describing experiences of guilt, her respondents had greater difficulty and more resistance to describing experiences of shame. Apparently responses such as 'I know I've felt ashamed, but I can't think of any specific examples' and

‘Well, I can think of an example, but I don’t think I want to tell you about it’ were characteristic of this reticence. However, Lindsay-Hartz *was* able to obtain accounts of shame from her respondents. She concludes: ‘If one does not ask, one does not find out about such experiences’. Terwijn (1993) employed an ingenious procedure both for recruiting participants, and for enabling them to talk about their shame. Terwijn initially asked people in an Amsterdam library if they would fill in an ‘Emotion Memories Questionnaire’ which asked respondents if they had ever felt a range of emotions, and if they were prepared to talk in more detail about one emotional episode. One third of the people who filled in the questionnaire agreed to do this. Participants were then asked to come to the laboratory where the true focus of the study was explained. Then, using a method developed by Pennebaker (1987), they were left alone in a dimly lit room equipped with a tape recorder and asked to describe in detail their experience of shame. Following this they filled in a questionnaire asking them specific questions about their experience. Terwijn reports that most participants found that this was a good experience (and indeed some of them apparently found that the experience helped them to come to terms with their shame). Andrews and her colleagues (Andrews 1995; Andrews & Hunter, 1997) asked both community and psychiatric samples whether they had ever felt ashamed of their bodies, character or behaviour, both at the time of the interview and at other times in their lives. If they responded positively to any of these questions they were asked to describe their feelings in detail. These researchers found that people were apparently quite willing to answer questions of this nature. Finally in two interview studies conducted with a total of 32 psychotherapy patients most participants were willing to talk about experiences of shame, although in two

cases the patients refused to talk about particular incidents that had come to mind (Macdonald & Tantam, 1994). Three themes emerged from comments made by interviewees in this latter study, which may have been associated with patients' willingness to disclose. First the disclosure was taking place in an environment which was effectively sealed off from their normal day to day lives. It was stressed that the interviews were confidential, and that if any portions were quoted in a final report of research care would be taken to remove any details which might identify the subjects. Second a number of participants said that they were keen to assist in research which might benefit other people suffering distress similar to their own. As one participant said 'I'm stuck the way I am, ah, so maybe anything I say might help a little bit in research, might be able to help somebody else'. Third some of the participants indicated that talking about their experiences of shame made them feel somewhat better. Indeed one participant said that it didn't matter what he was asked, he had come to the interview intending to talk about a situation in his life which it turned out had caused him a considerable amount of shame. Another factor which none of the participants referred to, but which may well have been important in the participants' decision to disclose, was that it was made very clear that no pressure would be put on participants to reveal anything they chose not to. It seems likely that this element of control was useful in reducing their anxieties about being exposed.

Recent research on shame has therefore tended to demonstrate that people are willing to talk about shame, at least in a research setting, when they are asked directly. It may be that the interviewer has to provide the word 'shame' before the individual volunteers their experience as such. Indeed, although many of the

participants in Terwijn's study had spoken about the experiences where they had felt the worst shame in their lives, they generally had not actually used the word shame. Perhaps in addition to offering the word shame the researchers are conveying the message that the individual can be understood and accepted in spite of their shame.

Anticipatory shame and emotional disclosure

The benefits of emotional disclosure

There is a growing body of research which has demonstrated that people benefit from disclosing disturbing emotional experiences to others (see Pennebaker, 1995). In particular Pennebaker and his colleagues have demonstrated health and psychological benefits following experimental manipulations in which participants were required to write about traumatic experiences from their past (reviewed in Pennebaker, 1993). For example in one of the first of these studies (Pennebaker & Beall, 1986) 46 students were asked to write essays for 15 minutes on four consecutive nights. There were four different essay writing conditions. In the first participants were asked to write about a trivial subject, such as the shoes they were wearing. In the remaining three conditions participants were asked to write about a 'personally upsetting experience'. In one of these conditions they were asked to write a facts only account of these events. In another they were asked to write an account of their feelings only, with no mention of what actually happened. And in the final condition they were asked to write about both the facts and the feelings associated with the event. The most

important finding was that writing about facts and emotions together resulted in fewer visits to the student health centre in the six months following the experiment. However both the combined fact and feeling, and the feeling only group appeared to have gained in health according to a self-report measure of health problems completed approximately four months after the experimental manipulation. In addition to these long-term benefits there also appeared to be a short-term cost for the participants in the fact and feeling and fact conditions. Both of these groups experienced higher blood pressure and more negative moods, relative to the other two groups on each day after writing their essays. As the authors state: 'Clearly, writing about the emotional side of a traumatic event was upsetting and physiologically arousing' (Pennebaker & Beall, 1986, p. 280). In contrast to the participants whose essays included their feelings, participants who only wrote about the facts were found to be similar to the trivial topic control condition participants on all the dimensions of interest (self-report, health, and physiology). Similar patterns of results have been found in a number of follow up studies (e.g. Pennebaker et al, 1990).

Explanations of this phenomenon have concentrated on two intrapsychic factors. Firstly it is assumed that undisclosed emotions require inhibition which is effortful and therefore costly to the individual. The costs of inhibition can be seen at both a physiological and a cognitive level. Traue (1995) reviews a body of research which indicates that there is an association between inhibition of disclosure and muscular tension in the back and neck. Wegner & Lane (1995) document how attempts to suppress thoughts (an activity presumed to accompany secrecy) actually fuel a process which leads to intrusive experiences

of the self-same thoughts. This is thought in turn to renew efforts to suppress the unwanted thoughts.

Secondly the benefits are thought to reflect the extent to which disclosure facilitates the ‘assimilation’ of the disturbing emotion to the individual’s knowledge structures prior to the disturbing experience. Pennebaker & Beall (1986) argue that this is more plausible than a cathartic explanation, as a simple model of cathartic release would have difficulty in accounting for the fact that participants initially felt worse after writing. Consistent with such a cognitive integration model is the finding in one study that participants whose essays became *more organised* over the four days of writing (as evaluated by independent judges) showed correspondingly greater improvement in immune functioning (Harber & Pennebaker, 1992). A similar process of cognitive assimilation has also been invoked to explain the mechanism of emotional change in psychotherapy (Stiles et al, 1990). Stiles et al describe how in psychotherapy ‘warded off’ experiences which are initially too painful to be labelled or talked about directly are ‘assimilated’ into knowledge structures which enable the individual to make sense of them.

Social dynamics associated with the benefits of disclosure

Although Pennebaker (reviewed in Pennebaker, 1993) has uncovered evidence suggesting that other people are not always willing to listen to disclosures of traumatic experiences as Kelly & McKillop (1996) have pointed out none of these theoretical treatments pay attention to social dynamics which might

mediate the benefits of emotional disclosure. This is perhaps because much of the research to date has involved written disclosure which takes place when the participant is alone (e.g. Pennebaker & Beall, 1986). Kelly & McKillop make the point that disclosure does not normally occur in a vacuum and that qualities of the recipient of the disclosure are unavoidably central in evaluating the benefits of disclosure. Indeed even written disclosure in psychological studies takes place within a context in which there is an implicit permissiveness, in addition to trustworthiness conveyed in the emphasis on confidentiality. In their paper Kelly & McKillop survey a range of studies which suggest that in a great many instances recipients of disclosures may respond in ways which are damaging to the confidant, for instance they cite research suggesting that people who have experienced traumas are likely to receive unsatisfactory responses when they relate their experience to others, and they point out that since people construct their identities through interactions with others, in such cases disclosure could lead to the construction of a negative identity. This more social perspective on disclosure implies that social emotions such as shame and guilt may influence the decision to disclose or withhold confidences.

Shame and emotional disclosure

Work by Finkenauer and her colleagues (Finkenauer & Rimé, 1996; Finkenauer et al, 1996) suggests that the social emotions of shame and guilt do indeed play an important role in the inhibition of emotional experiences that are not socially shared. Finkenauer & Rimé (1996) aimed to examine factors which might underlie the non-disclosure of the 10% or less of emotions which according to

the research on social sharing (Rimé et al 1991; Rimé et al, 1996) are not disclosed to others. They asked participants to recall an important emotional episode that they had never told anyone, and one which they had shared with another person. They found that while emotional secrecy was not associated with the intensity or traumatic nature of the emotional experience, it was associated with the degree to which secret episodes elicited shame, guilt, and perceptions of responsibility. On the basis of these results the authors proposed a 'social model of secrecy' in which non-disclosure of emotional experiences was hypothesised to result largely from the projected personal and interpersonal consequences of disclosure. Finkenauer et al (1996) explored this idea in a study in which participants were interviewed following an induction in which they were either asked to imagine an important negative event which they would have kept secret, or one which they would have shared. Results indicated that compared with the shared emotional experience the secret one was associated with the perception of social threat. Furthermore the anticipation of revealing the secret elicited significantly more shame, guilt, embarrassment and unease than subjects in the sharing condition anticipated that they would feel the first time they shared their emotional event.

These studies illustrate that shame associated with the projected interpersonal consequences of an action is also associated with inhibition of that action (in this case the disclosure of emotional experiences). This is highly congruent with both Goffman's (1959; 1963) analysis of dealing with destructive personal information, and Tomkins' (1963) model (reviewed in Chapter Two) of shame acting 'at a distance' in order to pre-empt higher intensity experiences of shame.

These studies also supplement the existing literature on the dynamics of disclosing negative emotional experiences by emphasising the role of the projected interpersonal consequences of disclosure, including shame, in the decision to disclose. Indeed it is possible that the increased cognitive organisation and narrative coherence that has been associated with beneficial disclosure (Pennebaker & Francis, 1996; Pennebaker, 1990) is itself related to the degree to which the participant becomes able to account for their experience in a way which does justice both to the events which transpired and the survival of an identity which is not strangled by shame or guilt, as Lewis (1987) has suggested.

In summary it appears that the literature on the benefits of emotional disclosure is currently limited by a bias towards intrapsychic theoretical explanations. The work of Finkenauer and colleagues suggests that the primary reason for withholding emotional experiences from others may be associated with anticipated social responses to disclosure. Such anticipated responses in many cases appear to lead to private experiences of shame which in turn are associated with concealing the emotional experience. By extension the benefits of disclosure may depend on the positive social feedback the individual receives as Kelly & McKillop (1996) have argued.

An understanding of the shame dynamics associated with non-disclosure has potential relevance to our understanding of psychotherapy since, as Stiles (1995) has pointed out, personal disclosure is the predominant activity of clients in psychotherapy, regardless of the theoretical orientation of the therapist. Stiles

notes that the benefits of disclosure may lie in the qualitative aspects of the therapeutic relationship since it has been found that sheer quantity of disclosure does not correlate with the outcome of therapy. As he points out if the therapist fails to respond in a validating way to the client's disclosure the client may go on disclosing. He argues that disclosure operates more like a 'fever' than a 'drug' in therapeutic treatment. Like a fever the disclosure may not only be a sign of distress, but also a part of the restorative process. His analysis suggests that it would be fruitful to pay closer attention to the nature and context of disclosure experiences in psychotherapy.

Finally, the nature of the shame involved in the withholding of emotional disclosures appears to be anticipatory – it is associated with an action that is anticipated rather than executed. It is also intertwined with negative interpersonal expectations. These were characteristics of marker shame noted in the previous chapter. Consequently the shame involved in disclosing shame would appear to be marker shame.

Conclusion

There is evidence to suggest that the action tendency of shame is one of hiding and concealment (Frijda et al, 1989; Lindsay-Hartz, 1984; Macdonald & Tantam, 1994). Further evidence suggests that the threat of being embarrassed or ashamed leads to socially avoidant behaviour (Sarnoff & Zimbardo, 1961; Folkman et al, 1986; Baumeister & Sher, 1989). However it does not appear to be the case that people will automatically avoid talking about their experiences following a

shaming event. Rimé and his colleagues (Rimé et al, 1991; Rimé et al 1996) have shown that shame is regularly shared, though more selectively than other emotions. Even very severe experiences of shame were found to have been disclosed in Terwijn's (1993) study . Participants in studies of shame have generally been willing to reveal their experiences of shame in a research setting (e.g. Andrews, 1995, Lindsay-Hartz, 1984; Macdonald & Tantam, 1994). A small number of studies provide preliminary evidence that marker shame (associated with anticipated social responses) may play an important part in the decision to disclose negative emotional experiences generally (Finkenauer & Rimé, 1996). So far no studies have explored the dynamics of shame and disclosure in the lives of psychotherapy patients despite the central importance of disclosure in therapy (Stiles, 1995), and exploration of the possible benefits or harms associated with the disclosure of shameful information awaits future research.

Chapter Four

A Diary Investigation of the Experience and Disclosure of Shame, Guilt, Hatred and Disgust by Psychotherapy Patients

Introduction

It was noted in Chapter One that there has been little if any detailed analysis of shame experiences in current research on shame and psychopathology. It was suggested that correlations between shame measures and indexes of pathology tell us little about the nature of this relationship and that the measures themselves can be criticised for either failing to tap into important dimensions of clinically relevant shame, or confounding the operationalisation of shame with the pathologies it is being correlated with (Andrews, in press). It was also noted that for an emotion which is regarded as social (Fischer & Tangney, 1995) there is a dearth of information about the social context in which shame is experienced by those suffering psychopathology. The aim of the investigation reported in this chapter is to address this gap in the literature by obtaining actual accounts of shame occurring in the daily lives of psychiatric outpatients, and comparing them with accounts of three other unpleasant emotions, guilt, hatred and disgust.

It was suggested in Chapter Three that an important aspect of the social context of shame is whether it is disclosed to other people or not. This chapter highlighted a number of complexities in the literature about whether shame tends

to be disclosed to others. It was also suggested that our understanding of therapeutic disclosure processes in general might be increased by taking into account the role of shame in the disclosure and non-disclosure of other unpleasant emotions. So far there has been very little work on this and no relevant studies have been carried out in a clinical population.

In order to address detailed questions about the experience of shame a method is needed which provides information about naturally occurring experiences of shame with minimum distortion due to memory bias. The structured diary method of Oatley & Duncan (1992) was chosen a) because it is a means of obtaining accounts of emotions that are more typical than accounts obtained when people are asked to describe incidents that occurred some time in the past, and b) because by priming participants to attend to specific components of the emotion the diary method minimises retrospective bias, which is greater for incidental as opposed to intentional remembering (Nickerson & Adams, 1979, cited in Oatley & Duncan, 1992). Oatley & Duncan (1992) have used this technique to gather information about the incidence of emotion types in particular populations and to test predictions from Oatley & Johnson-Laird's (1987) cognitive theory of emotion. More recently Rimé et al (in press) have used structured diaries in a number of studies examining the extent to which emotional experiences are 'socially shared' with other people (see Chapter Three). A review of the issues involved in the use of self-report data in the study of emotions is included in Appendix 2.

While the diary method was regarded as the optimal method for gaining basic information about the emotions it was thought that written self-reports would be insufficiently sensitive to obtain detailed insights about the context and outcome

of the disclosure of the emotional experiences which were reported. For this reason semi-structured follow-up interviews were conducted in which participants were asked about the circumstances, reasons and interpersonal effects associated with disclosure or non-disclosure of the emotional experiences that they reported. Data from these interviews will be reported in Chapters Six and Seven.

The specific hypotheses of the study and the theoretical literature on which they are based are outlined in the remaining part of the introduction. They are grouped under six topics of theoretical interest, namely the nature of shame experienced by psychiatric outpatients, what triggers the shame, the immediate context of shame, the disclosure of shame, the disclosure of unpleasant emotional experiences in general and marker shame.

The nature of shame

- i) In keeping with work on the action tendency of shame (see Chapter Three) it is predicted that shame is more likely to be associated with the action tendency of wanting to hide than guilt, hatred and disgust.
- ii) It is predicted that shame will be associated with the bodily sensation of blushing to a greater degree than guilt, hatred or disgust in line with the theoretical perspective of Castelfranchi & Poggi (1990) and the findings of Wicker et al (1983).
- iii) It is predicted that shame will be more intense than the other emotions, as shame has been described as an especially intense and disruptive experience (Tomkins, 1963; M. Lewis, 1992).

iv) It is predicted that shame will last for longer than the other emotions in line with literature suggesting that shame is an especially long-lasting emotion (Tomkins, 1963; M. Lewis, 1992).

v) It is predicted that women are more likely to report an experience of shame than men, as women have been described by a number of writers as being particularly susceptible to the experience of shame (H. Lewis, 1971; M. Lewis, 1992; Seu, 1995).

The triggers for shame

In Chapter One it was noted that the question of whether shame experienced by psychologically disordered people reflects genuine stigma has been neglected in much of the research on shame and psychopathology. Indeed the methods, measures and theories that have been adopted tend to carry the implication that the individual who scores high on shame is experiencing more shame than circumstances warrant. However it was noted that genuinely stigmatising experiences such as Childhood Sexual Abuse (CSA) and being unemployed are frequently associated with shame (Coffey et al. 1996; Eales, 1989) which suggests that the shame experienced by psychologically disordered people may in many cases reflect actual stigma. It is therefore predicted that instances of shame will reflect circumstances which can commonly be understood as stigmatising.

The context and disclosure of shame

i) Literature on the nature of shame associated with psychopathology (Chapter Two) has emphasised that shame may be a long-lasting even chronic condition

for psychologically disordered people making it likely that such experiences will commonly be experienced when a person is alone. Tangney et al (1996) have found that even in an undergraduate sample 18% of reported instances of shame were experienced privately. It is therefore predicted that shame is more likely to be experienced when the participant is alone than the other emotions.

ii) A question was included that asked whether the participant believed other people were aware that they were experiencing the feeling that they reported (a slightly different question to whether they actively *disclosed* the emotion to anybody). Since shame has been linked to hiding (see Chapter Three) and – especially in clinical samples – is believed by many to lack a clear display (see Chapter Two, though see also Keltner, 1995) it is predicted that participants will estimate that others are not aware of the way they are feeling when they experience shame.

iii) In spite of Rimé et al's (1991; Rimé et al, 1994) findings on the social sharing of shame the clinical view of shame outlined in Chapter Two suggests that experiences of shame in a psychologically disordered population will be disclosed less than other unpleasant emotions. It is therefore predicted that experiences of shame will be disclosed less than the emotions of guilt, hatred and disgust.

iv) Rimé et al's (1991) findings suggested that shame was disclosed more *selectively* (see Chapter Three). This implies that shame might be harder to disclose than guilt, hatred and disgust. It is therefore predicted that shame will be harder to disclose than guilt, hatred and disgust.

Disclosure of unpleasant emotional experiences in general

i) Work by Joseph et al (1994) and Joseph et al (1997) has suggested that psychopathology may be associated with people's negative attitudes towards the expression of their own emotional experiences. One implication is that in general emotional experiences in clinical populations may be kept private and not socially shared in contrast to the social sharing of emotional experiences in the non-clinical populations studied by Rimé et al (in press). It is therefore predicted that the majority of emotions will be undisclosed.

ii) Work on the benefits of emotional disclosure by Pennebaker and others (reviewed in Chapter Three) suggests that disclosing emotional experiences may be beneficial for the discloser. It is therefore predicted that in general disclosure of the emotional experiences will lead to the participant feeling better.

iii) Many writers on emotion have noted that disclosing emotional experiences can reactivate emotions that were felt at the time of the original incident (e.g. Singer & Salovey, 1993; Pennebaker, 1990) as well as engendering emotions associated with the response they expect from the listener. This leads to the prediction that when emotions are disclosed other emotions will be felt as they contemplate disclosure.

iv) As noted in Chapter Three Finkenauer et al's (1996) model of social secrecy implies that experiences will be kept secret when individuals anticipate that other people will respond to disclosure in a negative manner. It is therefore predicted that undisclosed emotions will be associated with participants anticipating they will make a negative impression on others if they disclose.

Marker shame

One major limitation of any self-report study of emotion is that it is likely to exclude instances of emotion that are fleeting or unarticulated. While the priming

effect of the diary method is likely to reduce forgetting to some extent, Oatley and Duncan (1992) acknowledge that the diary method only captures a part of the emotional spectrum and that there remain emotional experiences that are not amenable to valid self-report. In Chapter Two it was suggested that this may be a particular problem in the context of clinically relevant shame. A self-report study can never completely resolve difficulties of this nature, however in the current investigation an attempt has been made to approach the study of marker shame by including questions on experiences of shame associated with the contemplation of social behaviour. Questions were also included which were designed to tap into subtle experiences of shame associated with the other unpleasant emotions in the study.

i) Marker shame as outlined in Chapter Two appeared to be largely triggered by fantasised rather than actual social outcomes. The study aims to examine whether such marker shame is associated with the non-disclosure of unpleasant emotional experiences as suggested by Finkenauer et al (1996). It is therefore predicted that non-disclosure of shame, guilt, hatred and disgust will be associated with feeling shame at the thought of disclosure.

ii) It has generally been found that self-reported emotional episodes involve complexes of different emotions experienced either in close proximity or even at the same time as one another (Frijda et al, 1991; Oatley and Duncan, 1992; Lazarus, 1991). A rough indication of the presence of less obvious forms of shame could therefore be obtained by finding out whether more focal emotions were associated with shame as a subsidiary emotion. In line with the notion that marker shame is likely to be prevalent in the lives of psychologically disordered patients it is hypothesised that experiences of guilt, hatred and disgust will frequently be associated with shame.

Method

Materials

A modified form of Oatley and Duncan's (1992) emotion diary was used to obtain accounts of shame, guilt, hatred and disgust. The diary was structured and asked participants to record specific details about each emotion as soon as possible after the emotion had been experienced. Participants were asked to fill in the diary questions for the first instance of any of the four emotions of shame, guilt, hatred and disgust that they experienced in the week after they had been given the diary. The diary is included in Appendix 3.

Procedure

Participants were seen initially for approximately 15 minutes when the diary was explained and an appointment made one week later for the return of the diary and a follow-up interview. For all but three of the participants this first appointment took place before their assessment appointment for psychotherapy in an NHS psychotherapy department. When participants returned to the clinic for the follow-up interview the interviewer went through their responses to the diary clarifying anything which was unclear and where possible obtaining responses to questions which had been left blank (this was not possible in two cases when participants returned the diary without coming in for the interview).

Participants

Participants were referrals to a psychotherapy outpatient clinic. 38% (48/126) of the people invited to take part completed the study. Of the 62% (78/126) who did not complete the study 54% (42/78) said they did not wish to take part. 36% (28/78) of those who did not complete failed to turn up to one or other of the appointments (most frequently the second). The remaining 10% (8/78) of non-completers had other reasons for not attending one of the appointments – for example their assessment therapist cancelled their appointment and the researcher was unable to make the time of the next appointment. Of those who did complete the study 20.8% (10/48) reported that they had not experienced any of the target emotions. The current analysis is therefore of the 38 people who filled in the diary. This was 30.2% (38/126) of those invited to take part.

Of the 38 people who recorded emotions 76.3% (29/38) were women.

Furthermore 55.3% (21/38) of the participants had, according to their medical notes, suffered childhood sexual abuse (CSA). This high proportion possibly reflected the fact that the service was locally recognised as having expertise in treating adult survivors of CSA, although studies have found that between 26 and 40% of psychiatric in and out-patients have suffered CSA (Drauker, 1992).

58.6% (17/29) of the women had suffered CSA, and 44.4% of the men (4/9). The average age of the participants was 36.9 (SD 9.6).

Results

The 38 participants recorded a total of 76 emotions¹. Of these 17 were shame (22.4%), 25 were guilt (32.9%), 20 were hatred (26.3%) and 14 were disgust

¹ Included here are emotions recorded as requested in the diary instructions which asked participants to fill in a section of the diary for only the first instance of each of the four types of

(18.4%). The mean number of reported emotions was 2 per participant. Results will be reported in the same order as the hypotheses listed in the introduction.

The nature of shame experienced by psychiatric outpatients

i) The action tendency of each emotion reported was assessed by the question 'Did you act or feel like acting emotionally in any way?' If the participant indicated that they had they were asked to say what they did or felt like doing. The hypothesis that shame should be associated with a greater tendency to hide or conceal than guilt, hatred and disgust was not confirmed, because in only one instance of shame was there a reference to the impulse to avoid people. The most common action associated with shame was crying or wanting to cry which was referred to in 65.3% (9/16) instances. However in this respect it hardly differed from guilt where crying was also the most common emotional action occurring in 68% of instances (17/25) and disgust where crying was again the most common emotional action referred to in 57.1% (8/14) instances. Indeed only hatred appeared to have an action tendency that distinguished it from the other emotions with 55% (11/20) of the hatred instances being associated with a hostile action or impulse. However 30% (6/20) of the hatred instances too were associated with crying or wanting to cry.

emotion. A number of participants recorded more than one instance of one particular kind of emotion and in these cases only the first instance has been included, although interview data relating to these emotions will be included in the thematic qualitative analysis. Five participants recorded two instances of guilt, one recorded two instances of disgust, one recorded two and another three instances of hatred. No-one recorded more than one instance of shame. In an attempt to retain as much data as possible in the analysis it was decided that in cases where a subject had ticked more than one emotion at the top of the page the data would be included in the study as an instance of a) whichever emotion the subject had not previously written about and b) if a choice still remained possible one of the two self-conscious emotions. This procedure led to the inclusion of one instance of disgust (equally mixed with shame), and one instance of guilt (mixed with shame, hatred and disgust).

A possible problem with this data is that participants may have believed that 'emotional actions' meant emotional expressions so that they failed to report on action tendencies that may have been present. If this is so it might account for the fact that only one instance of guilt was associated with a desire to apologise, a surprising finding given that research elsewhere suggests there is a link between guilt and reparation (Tangney, 1995). An implied action tendency of hiding may be present in the fact that 18.8% (3/16) of the shame instances involved the participants saying that they had suicidal impulses or a desire to die, perhaps indicating an extreme wish to hide themselves. However it is equally possible that normal action tendencies for these emotions were somehow inhibited and perhaps swamped by depressed affect and an accompanying tendency to cry. This latter interpretation suggests that the emotions in this population may possibly have been 'abnormal'.

ii) Participants were asked if they had any bodily sensations accompanying the emotion, and were asked to tick boxes if they felt tension (of body, jaw, fists), trembling, heart beating noticeably, irregular breathing, blushing, stomach (churning or butterflies), sweating, feeling hot, feeling cold and other (they were asked to say what it was). The hypothesis that shame would be associated with blushing to a greater extent than the other three emotions does not appear to have been confirmed. Only three instances of shame were associated with blushing (18.7%, 3/16). Although this is a somewhat higher proportion than was found for guilt (8.7%, 2/23), hatred (0), and disgust (7.1% 1/14), blushing does not appear to be a salient phenomenon in the experiences of shame reported in the study. The pattern of bodily sensations was similar to that for emotional actions with greater similarity than difference between the emotions of shame, guilt and disgust and some evidence of a distinctive profile for hatred. For shame, guilt

and disgust the dominant bodily sensations were churning/butterflies in the stomach and tension. 43.7% (7/16) of the shame instances, 39.1% (9/23) of the guilt instances, and 35.7% (5/14) of the disgust instances were associated with churning/butterflies in the stomach. 25% (4/16) of the shame instances, 43.8% (8/23) of the guilt instances and 50% (7/14) of the disgust instances were associated with tension. Hatred was distinct in that a mere 20% (4/20) of the hatred instances were associated with churning/butterflies in the stomach, while 60% (12/20) were associated with tension and 45% (9/20) with 'heart beating noticeably'.

iii) Participants were asked to rate how strong the 'actual feeling' of the emotion was on a scale of 0 – 10 where 0 = 'no noticeable feeling' and 10 = 'as strong as I can imagine'. The means were 7.9 (SD 2) for shame, 7.1 (SD 1.9) for guilt, 7.4 (SD 2.3) for hatred and 6.7 (SD 6.7) for disgust. Since few participants recorded the maximum of 4 emotions in their diaries, statistical comparison of the data for each emotion needed to take into account a large amount of missing data.

Because of this some comparisons were possible only within subjects and some only between subjects, and it is not possible to do both analyses simultaneously.

Accordingly separate within subjects and between subjects analyses have been conducted and the data combined according to the procedure recommended by Winer (1986). This procedure produces a value of X^2 with 2 degrees of freedom.

As can be seen in Table 4.1 there were no significant differences between the four emotions, and therefore the hypothesis that shame tends to be a more intense emotion than guilt, hatred and disgust can be rejected. Nevertheless it does appear that the emotions were generally intense.

Table 4.1. X^2 values and significance of comparisons between emotions on intensity

	X^2	
Shame and Guilt	3.96	ns
Shame and Hatred	1.28	ns
Guilt and Hatred	0.49	ns
Shame and Disgust	6.72	ns
Guilt and Disgust	1.18	ns

iv) Participants were asked how long the emotion lasted. Shame lasted on average 13.4 hours, the longest of the four emotions, although there was very considerable variation in shame scores ($SD = 14.1$ hrs). Guilt was the next longest, lasting on average 8 hours, although here there was even more variation ($SD 18.3$). Hatred and disgust appeared to be considerably less lengthy emotions, although still on average lasting over 2 hours. The mean for hatred was 2.2 hours ($SD 4$) and for disgust 2.6 hours ($SD 7.1$). The statistical procedure described above yielded significant differences between shame and hatred ($X^2 = 11.96, p < 0.05$) and shame and disgust ($X^2 = 10.96, p < 0.05$). X^2 values for all the comparisons are shown in Table 4.2. The hypothesis that shame tends to be longer lasting than other emotions has therefore been supported in the cases of hatred and disgust, but not in the case of guilt, which like shame also appeared to be a very enduring emotion.

Table 4.2. X^2 values and significance of comparisons between emotions on duration

	X^2	
Shame and Guilt	6.42	ns
Shame and Hatred	12.54	< 0.05

Guilt and Hatred	3.24	ns
Shame and Disgust	11.6	< 0.05
Guilt and Disgust	4.78	ns

v) 55.6% (5/9) of the males reported an instance of shame, a slightly higher proportion than the 41.4% (12/29) of female participants who reported an experience of shame, however there was no significant effect of gender on likelihood of reporting an instance of shame (X^2 (df 1) = 0.56, $p = .45$)^{2, 3}.

Therefore the hypothesis that women were more likely to report an instance of shame is not supported.

The triggers for shame

Participants were asked what they thought triggered off the emotions and they were provided with several lines in which to write open-ended responses. They were also provided with space to write down any thoughts which came into their minds and were hard to stop during the emotion. In many cases the information written down by participants was supplemented by their tape recorded comments when the researcher went through their responses on return of the diary. A summary of the triggers for shame is reproduced in Table 4.3 (data and analysis of the triggers for the other three emotions is included in Appendix 5). The analysis that follows is qualitative and constitutes a preliminary and tentative

²A table of the observed values is included in Appendix 4.
³In one cell of the Chi-Square the expected value was marginally less than 5 (4.03). In a review of the use and misuse of Chi-Square Delucchi (1983) has argued that the need for expected values of 5 or above may be overly conservative: ‘it seems that, as a general rule, the chi-square statistic may be properly used in cases where the expected values are much lower than previously considered permissible ... For most applications, Cochran’s rule, which states that all expected values be greater than one and not more than 20% be less than five, offers a fair balance between practicality and precision.’ (Delucchi, 1983, p168).

approach to the hypothesis that shame experienced by psychotherapy patients reflects genuinely stigmatising circumstances.

Table 4.3: Triggers for experiences of shame

P	TRIGGERS
1	Talking to assessment psychiatrist about a flashback to sexual abuse. She felt ‘cheap’ and as if the good part of herself had been ‘almost rubbed out.’ Thoughts of harming herself and suicide
2	Thinking about being sexually abused and how she had broken up with her previous partner because she thought he would be unable to understand her feelings
3	Thinking after her assessment interview with psychiatrist that the police would be informed about her abuser, the abuse would be made public, and people would not understand and would think of her in the same way as they thought about the abuser
5	Wanted to have sex with someone inappropriate, and worried that that person would notice how he was looking at him
6	Flashing back to memories of sexual abuse and thinking that all these memories must be shared with his therapy group
7	Having had a tantrum (involving rage at people who sexually abuse children and anger at his wife because he thought she could not understand) the next day he thought it was not normal and he felt that it was something he could not explain to his children who had witnessed it [G]
8	Seeing burns on her body reminded her of how she had done things without caring how she appeared to others or herself, which she now felt very ashamed of
10	Did not know what triggered off the feeling, but wrote that his thoughts were about not being able to control his feelings (later in the diary he reports an experience of self disgust mixed with shame triggered by not being able to control his feelings)
11	Being told the clinic would offer her a limited number of sessions, which confirmed her feeling that no one will believe her and that her experience of sexual abuse is ‘ingrained’, she can’t be helped, and ‘it can never be corrected’
14	Felt she was a bad person when she was bored and irritated with ‘very nice’ people who considered her a friend
16	Recalling her abuse in her assessment interview, and the fear that it might mean they would make her take legal action which she was not ready to do [G]
17	Not thinking in an orderly fashion at work, which reminded him of how stupid he is and was as a child. He felt he was a terrible person and everybody was ganging up on him
19	Things coming out in court about her mistreatment of her daughter, ‘knowing that I could do such a thing to one of my kids, somebody that means the world to me’
21	Not being able to live up to her husband’s sexual expectations. Thinking she ‘was not a good enough person’, that she ‘should do something to make the feelings stop’, that her ‘husband deserved someone better than her’
23	Thinking ‘about psychotherapy and being ‘mad’, whether it was worth it’. She had to stop driving and pull off the motorway
26	Visiting her children in care. The shame occurred ‘because I think why should everybody else have their kids, and I ain’t got my kids’
32	[No details of trigger on diary, no follow up interview]

[G] indicates that the emotion was described as being mixed with guilt

Looking at the triggers for shame presented in Table 4.3 it seems that all of them involve situations in which the individuals themselves believe they possess characteristics which could devalue or stigmatise them in relation to others. In some cases this was made very explicit, for instance P1 talked about how

speaking to her psychiatrist in detail about the sexual abuse she had suffered made her feel 'cheap' and as if the good part of her had been 'almost rubbed out.' In other cases it was hinted at, for example P10 wrote only that he had thoughts about not being able to control his feelings, although his diary and interview taken as a whole suggested that he regarded his emotions as a sign of weakness (as, he implied in a follow-up interview, did his wife). The question remains whether this 'sense of stigma' reflects actual stigma in the culture that the participants' belong too. Various features of the responses suggest that this is a strong possibility for many if not all of these shame experiences. Firstly a sizeable minority of the shame experiences reported in the study were associated with participants either thinking or talking about their experiences of childhood sexual abuse (37.5%, 6/16). Despite increasing awareness of CSA in recent years writers on the treatment of CSA survivors still point to the taboos surrounding this trauma (e.g. Draucker, 1992). Secondly two of the women in the study (who had in fact suffered CSA themselves) said that their shame had been triggered by what appeared to be the public perception that they had or could harm their own children. P19 said her shame was triggered by a court case in which her daughter had described how her mother had physically abused her and in the other P26 said her shame was triggered by the fact that her children had been taken into care presumably because she was unfit to look after them herself. For a woman to have been judged harmful to her own children is surely to have broken one of our culture's most deeply established precepts, and to have seriously compromised her chances of being regarded as 'normal' by others. In two of the remaining cases it seems that the participant had done something which would render them abnormal in many people's eyes. P8's shame was associated with burns she had inflicted on herself without at the time caring how she appeared to others, and P7 described how he had had a tantrum in which he jumped up and

down shouting and swearing in front of his family. Two of the remaining instances involved sexual impulses which might be judged by many as abnormal. P4 wanted to have homosexual sex with someone in his group for male survivors of CSA. P21 was unable to have sexual feelings towards her husband and unable to identify any understandable reason for her lack of desire (in a follow-up interview she talked about how she felt she was surrounded by images and talk about sexuality and felt very ashamed because she couldn't feel the feelings she was supposed to). Of the remaining instances a number seemed to involve failure to experience appropriate feelings and behaviour in other contexts. P14 was ashamed because she was unable to feel positive feelings with the 'very nice' people who regarded her as a friend and went out of their way in their attempts to be supportive of her. P17's shame was related to an inability to 'think in an orderly fashion' in his work as a computer technician and P10's shame seemed to be related to a general inability to control his feelings some years after the death of his son. It seems very possible that in each of these latter three cases the participant had indeed strayed from the norms governing behaviour in his or her own social niche (for example 'thinking in an orderly fashion' is presumably of great importance when working with computers). The only remaining instance of shame that of P23 was related to her thinking about doing psychotherapy and the implication that she was 'mad'. Her perception seems to echo the long-standing stigma attached to being mentally ill (cf. Goffman, 1963).

While this review of the different triggers for the shame reported in the study does not provide direct information about the social norms relevant to each participant in their social context it does hopefully suggest that the shame each person felt 'makes some sense'. Each instance can be seen as reflecting some genuine dislocation of the person from their community and the values enshrined

in it. This is perhaps enough to call into question the notion that shame experienced by people who suffer psychological disorder results from an irrational attributional bias (M. Lewis, 1992). The hypothesis that instances of shame reported by psychiatric outpatients would reflect circumstances which can be understood as genuinely stigmatising thus appears to be supported by this exploratory qualitative analysis of the triggers for shame.

The context of shame

i) Participants were asked to tick a box indicating which of several categories of people they were with at the time of the emotions they recorded. The options were alone, with friends, with spouse/partner, with people at work, with acquaintances, with strangers, with a psychotherapy group, with a professional such as a doctor, priest or counsellor and 'other'. The data for all four emotions is presented in Table 4.4.

Table 4.4. Table showing who the participant was with when experiencing the emotion for each of the different emotion types

	SHAME	GUILT	HATRED	DISGUST
Alone	31.2% (5/16)	40% (10/25)	31.5% (6/19)	57.1% (8/14)
Friend	12.5% (2/16)	12% (3/25)	21.1% (4/19)	7.1% (1/14)
Family	0% (0/16)	16% (4/25)	15.8% (3/19)	14.3% (2/14)
Spouse/partner	31.2% (5/16)	12% (3/25)	21.1% (4/19)	7.14% (1/14)
People at work	0% (0/16)	0% (0/25)	10.5% (2/19)	0% (0/14)
Therapy context	18.75% (3/16)	16.4% (4/25)	0% (0/19)	14.3% (2/14)
Acquaintances	0% (0/16)	0% (0/25)	0% (0/19)	0% (0/14)
Strangers	0% (0/16)	0% (0/25)	0% (0/19)	0% (0/14)
Other	6.25% (1/16)	4% (1/25)	0% (0/19)	0% (0/14)

31.2% (5/16) of the shame instances took place when the participant was alone. However 40% (10/25) of the guilt instances also took place when the participant was alone along with 57% of the disgust instances (8/14) and 31% (6/19) of the hatred instances. Using the method of combining the between and within subjects analysis referred to above (Winer, 1986) no statistically significant difference was found between the extent to which shame and guilt were experienced when alone ($X^2 = 8.68$, df 4, $p = ns$). Insufficient numbers meant that it was impossible to conduct statistical comparisons between shame and the other two emotions.

Although shame did not appear to be experienced more privately than any of the other emotions it did on the whole seem to have been experienced in quite intimate contexts since in addition to the 31.2% which were experienced alone a further 31.2% (5/16) were experienced when the participant was with their

spouse or partner and none were experienced with strangers, acquaintances or people at work. However this tendency seems to hold for the other emotions as well – in fact none of the emotions in the study seems to have taken place when a participant was with an acquaintance or stranger.

ii) Participants were asked whether, if other people had been present, they thought these people were aware of what they were feeling. Overall in 50% of cases of shame (8/16) the participant thought that another person was aware of how they felt. (Interestingly this included two cases in which the participant had said they were alone when feeling the emotion. Closer inspection revealed that in both of these cases the emotion had lasted for a day or more, so presumably at times during this period the participant *had* been with other people). If shame experienced alone (with the exception of these two cases) is excluded then other people were aware of the participant's shame in 61.5% (8/13) of cases. In only half of these 8 cases had the participant actually disclosed to another person. Thus whether others were aware of the shame did not depend entirely on the participant talking about how they felt. This may of course have been because the other person was aware of their shame as a result of their posture or their tears. In any case the hypothesis that other people would not be aware of the way participants were feeling was not confirmed, at least according to participants' own accounts.

When percentages are compared with the other three emotions shame appears if anything to be the emotion that other people were most aware of. Compared with the 50% other awareness of shame, 30% (6/20) were rated as aware of participants' hatred, 28.6% (4/14) of participants' disgust and only 12% (3/25) of participants' guilt. However it was not possible to confirm this statistically as

expected frequencies in some cells of the Chi-Square test for the unrelated data were too low to perform the necessary between subjects and within subjects analysis.

The disclosure of shame

i) Participants were asked whether they had told anyone about each experience that they reported. Shame remained undisclosed in 70.6% (12/17) of cases, a finding which is compatible with the notion that shame generally is not disclosed. However non-disclosure appeared to be a feature of all the emotions sampled with guilt remaining undisclosed 70.8% (17/24) of the time, disgust 78.6% (11/14) of the time and hatred 55% (11/20) of the time. Unfortunately it was not possible to establish whether there were any statistically reliable differences due to low expected frequencies in some cells of the Chi-Square on the unrelated data.

ii) For the twenty four emotions which *were* disclosed participants were asked to rate how difficult it was to share the experience on a scale of 0 – 10 where 0 is ‘not difficult at all’ and 10 is ‘almost impossible’. Shame appeared to be more difficult to disclose than the other emotions. The mean rating for shame was 6.4 (SD 2.9) compared with 4.14 (SD 2.8) for guilt, 2.9 (SD 3.8) for hatred, and 1 (SD 3.4) for disgust. Low numbers made it impossible to carry out the full meta-analytic statistical procedure recommended by Winer (1986) and used in the analysis of the intensity and duration data because there were too few repeated cases to enable the repeated measures part of the analysis to be carried out. However an unrelated ANOVA on the unrelated instances of disclosed shame and guilt was highly significant ($F(1, 6) = 28.15, p < 0.005$). An unrelated

ANOVA on the unrelated instances of disclosed shame and hatred was also significant ($F(1, 11) = 9.75, p < 0.05$). No comparisons were possible between shame and disgust because only three instances of disgust were disclosed (one repeated measures, and two unrelated). Although with such small numbers conclusions must be uncertain, the data appears to confirm the hypothesis that shame may be harder to disclose than guilt, hatred and possibly (judging by the means) disgust.

The disclosure of unpleasant emotions in general

i) As noted above participants were asked if they had told anyone about the emotional experiences they reported. 32% (24/76) of all the emotions reported in the study were disclosed, so that 68% (51/75) were not disclosed. This finding contrasts starkly with Rimé et al (1991) and Rimé et al (1994)'s discovery that between 4% and 10% of emotions recorded by a variety of non-clinical populations were not disclosed to others (Rimé and his colleagues studied all the emotions in the current diary with the exception of hatred, which was the emotion which was *most* disclosed in the current study). The hypothesis that the unpleasant emotions experienced in this clinical population would tend not to be disclosed appears therefore to have been supported.

ii) If participants had disclosed they were asked whether they felt better as a result of telling somebody how they felt. Overall 62.5% (15/24) said they did feel better. Although numbers were too small for reliable statistical analysis fewer participants said that they felt better after disclosing experiences of shame than they did after disclosing the other emotions. In 20% (1/5) of the incidents of shame the participant judged that disclosure had made them feel better, compared

with 71.4% (5/7) of the disclosed guilt instances, 100% (3/3) of the disclosed disgust instances and 66.6% (6/9) of the disclosed hatred instances. If shame is excluded 73.7% (14/19) of the disclosed emotions led to the participant feeling better. Thus the hypothesis that participants would feel better as a result of disclosing their emotions appears to be generally supported for all the emotions with the exception of shame.

Participants were also asked whether they felt *worse* as a result of telling somebody how they felt. Although only 19 of the 24 accounts of disclosed emotions included ratings for this item (presumably because some participants regarded it as a redundant question having already said that they felt better) 75% (3/4) of the instances where participants agreed that they felt worse were instances of shame. However it should be noted that in spite of this indication that disclosing shame was a negative experience follow up interviews revealed that two of the three participants who had said that disclosing their shame made them feel worse said later that the disclosure was helpful for them. This raises the possibility that feeling worse initially might actually be part of the process of being helped with one's shame. Indeed such a process would be in keeping with exposure treatments for other kinds of distressing emotional experience.

iii) If participants disclosed they were asked to indicate which emotions out of a list of eleven they felt as they were deciding to talk about the emotion. The candidate emotions were anger, anxiety, disgust, embarrassment, fear, guilt, happiness, hatred, sadness, shame and depression. Overall participants who disclosed reported an average of 3.4 emotions as they were deciding to talk about each emotion (SD = 2.3). This appears to confirm the prediction that disclosure of emotional experiences will itself be associated with a number of emotions.

In 54.2% (13/24) of the disclosed emotions participants indicated that they had felt depression of this kind. In addition 41.7% (10/24) were associated with embarrassment, 37.5% (9/24) were associated with shame, 33.3% (8/24) with anxiety and 29.2% (7/24) with guilt. The disclosure of shame was associated with embarrassment (80%, 4/5), anxiety (60%, 3/5), disgust (60%, 3/5), guilt (60%, 3/5), shame (60%, 3/5) and depression (60%, 3/5). The disclosure of guilt was associated with depression (57.1%, 4/7), anxiety (57.1%, 4/7), embarrassment (42.9%, 3/7), sadness (42.9%, 3/7) and shame (42.9%, 3/7). 66.7% (6/9) of the disclosed instances of hatred were associated with depression.

iv) When participants had not disclosed an emotion they were asked ‘were you afraid about how others might see you if you told them?’ Overall 63.2% (24/38) of the undisclosed emotions were associated with positive responses to this question. Numbers were too low to carry out a statistical comparison of the four emotions for this question, however guilt seemed to attract fewer endorsements of this item, only 50% (8/16) agreement, while both hatred (72.7%, 8/11) and disgust (72.7%, 8/11) paralleled shame (72.7% 8/11). It may be that people do not expect the same degree of censure or negative regard for guilt were it to be disclosed as they do for the other three emotions. Overall the results provide some support for the hypothesis that undisclosed emotions will be associated with the participant being afraid of how others would see them if they disclosed.

Marker shame

i) When participants did not disclose an emotion they were asked ‘did the thought of telling anybody make you feel any shame?’ 90.9% (10/11) of non-

disclosed instances of shame were given a 'yes' rating for this question.

However the proportion was quite high for the other three emotions as well – in all 65% (26/40) of the other non-disclosed emotions were associated with shame at the thought of telling anyone: 66.7% (12/18) for guilt, 72.7% (8/11) for hatred and 54.5% (6/11) for disgust. The hypothesis that non-disclosure of shame, guilt, hatred and disgust will be associated with feeling shame at the thought of disclosure appears to have received some support.

ii) Participants were asked 'was the feeling mixed, so that there was more than one emotion at exactly the same time?' 43.8% (14/32) of the mixed instances of guilt, hatred and disgust involved mixes with shame. That means that including the emotions that were not mixed or where the participant was not sure if they were mixed 23.7% (14/59) of the emotions of guilt, hatred and disgust reported in the study were mixed with shame. This breaks down into 20% (5/25) of the guilt instances, 25% (5/20) of the hatred instances and 28.6% (4/14) of the disgust instances. Approximately one quarter of these emotions were therefore mixed with shame, a somewhat higher proportion than the 15.7% (8/51) non-guilt emotions that were mixed with guilt. Participants were also asked to indicate the next feeling that they had. In 32% (8/25) of the guilt instances the next emotion was or, when participants had ticked more than one emotion, included, shame. The next feeling was only occasionally shame in the case of the other two emotions (11.1% (2/18) for hatred and 15.4% (2/13) for disgust).

In order to get a rough indication of the proportion of emotions with some link to shame a category was created in which instances of guilt, hatred and disgust were examined for *any* link with shame. A link with shame was noted if a) the emotion was mixed with shame, *or* b) the emotion was followed by shame, *or* c) the

emotion was accompanied by shame at the thought of disclosure, or d) the emotion was accompanied by shame when the participant was deciding to disclose. Using these inclusive criteria for a link with shame it appeared that 61% (36/59) of these emotions were linked to shame. This broke down into 70% (14/20) of cases of hatred, 64.3% (9/14) of cases of disgust and 52% (13/25) of the cases of guilt. Unfortunately low expected frequencies in some cells of a Chi-Square on the unrelated data meant that it was not possible to establish whether these differences were statistically significant. Nevertheless the hypothesis that guilt, hatred and disgust will frequently be associated with shame therefore appears to have been supported.

Summary of results

In many respects shame proved to be more similar than different to the other unpleasant emotional experiences included in the study. There appeared to be no distinctive action tendency for shame but a general tendency to cry or want to cry in all the emotions. Nor was shame characterised by sensations of blushing, but rather churning or butterflies in the stomach and tension, two sensations which also seemed characteristic of guilt and disgust. Although shame was found to be intense it was not found to be more so than guilt, hatred or disgust, and although a substantial minority of the shame instances were experienced when the participant was alone once again there did not appear to be major differences between shame and the other emotions in this regard, although it was not possible to confirm this statistically. Similarly although in as many as 50% of the cases of shame the participant believed other people were aware of how they felt shame did not seem much different from the other emotions although once again it was not possible to confirm this statistically. Finally, counter to suggestions

that shame is predominantly experienced by women there was no greater likelihood of women reporting an instance of shame than men.

The one statistically confirmed difference between the emotions was for duration. Both shame and guilt appeared to be very long-lasting emotions (with durations averaging 14.1 and 8 hours respectively), and in the case of shame this was found to have been significantly longer than the durations of hatred and disgust. There was some suggestion that the shame reported by psychiatric outpatients in this study might have reflected genuine stigma, rather than a characterological predisposition towards experiencing shame.

In line with the picture of few differences between shame and the other emotions it appeared that shame was not disclosed to any greater degree than the other emotions. However there was a trend for shame to be rated as somewhat harder to disclose. The study did appear to confirm the hypothesis that psychiatric outpatients would in general tend not to disclose their emotional experiences. When they did however they tended to feel better, even though disclosure itself was an emotional experience. Non-disclosure was often associated with the fear of how others would see the participant if they disclosed. There was also an indication that marker shame might be associated with non-disclosure as non-disclosure was often associated with agreement that the thought of telling anybody made the participant feel shame. There was some support for the notion that shame would be associated in subtle ways with the other emotional experiences reported in the study.

Discussion

The fact that 62% of the people who were invited to take part in the study did not complete it suggests that the diary task may have been a demanding one, both in terms of the time and commitment necessary to complete and return the diary and the fact that participants were asked to concentrate on emotional experiences that may have been very distressing (one of the findings reported above was that the disclosure of emotions was itself an emotional experience). In light of the difficulty obtaining participants it is regrettable that no details were obtained of the emotional lives of the ten participants who completed the study but did not experience any of the four target emotions. Since it seemed that these individuals had experienced other emotions during the week (for example sadness or anger) the inclusion of these emotions might well have strengthened the findings about disclosure per se. In spite of these problems, which may be expected when a research method is used for the first time in a particular setting, the study did demonstrate that it was possible to obtain rich detail about the nature and context of a number of unpleasant emotions, including shame, in the daily lives of psychiatric outpatients.

The most distinctive feature of the shame reports in the study was how long they lasted (an average of 13 hours). Since marker shame (as outlined in Chapter Two) was distinguished largely by its chronic and enduring nature it appears at first glance that these experiences might be experiences of marker shame.

However the fit between the long-lasting experiences of shame reported in the diary and the theories of marker shame reviewed in Chapter Two is far from perfect. The very high intensity of the experiences of shame reported in the diary deviates from the picture of marker shame outlined in Chapter Two where it was assumed that marker shame would be low in intensity and indeed function as a warning to the individual to avoid situations which might engender more intense

feelings of shame. One possible explanation for the high intensity of the reported shame experiences is that the participants appear in many cases to have been involved in re-examining the emotional presuppositions associated with marker shame, and so were deliberately choosing to act against the promptings of their marker shame. It is plausible that such deliberate disregard of the more subtle signals of shame might cause such signals to become more acute as one perceives the danger to be closer. This interpretation is consistent with the fact that all the participants were beginning therapy at the time of the study, a process which involves deliberately exposing parts of oneself one normally keeps hidden. If this interpretation is correct it leads to the conjecture that shame might initially become more intense before diminishing in therapy as the decision to expose shame-related information approaches, as Weiss (1995) and Ward (1972) have argued.

The diary was able to uncover traces of lesser intensity shame that fits in better with the profile of 'subtle' and minimally articulate shame outlined in Chapter Two. The finding that shame was experienced 'at exactly the same time' as approximately one quarter of the emotions of guilt, hatred and disgust, and that 61% of all the non-shame emotions in the study were linked in some way to shame suggests that shame may frequently accompany other unpleasant emotional experiences in psychiatric populations. Such subtle and secondary experiences of shame may form a part of the 'negative attitudes towards emotion' which Joseph et al (1994) and Joseph et al (1997) have found are linked to the development of psychopathology. The finding that 65% of non-disclosed guilt, hatred and disgust was associated with feeling shame at the thought of disclosing the emotional experience suggests one pathway through which marker shame may have a significant effect on behaviour, in this case reinforcing the

individual's emotional isolation. The diary seems, then, to have revealed both the presence of subtle forms of shame in a number of unpleasant emotional experiences and the action of marker shame in the decisions of patients not to confide their emotional experiences to others.

Although clinical approaches to shame have tended to emphasise the pathological nature of an individual's shame, and implied that the shame is unwarranted in the sufferer's social context, a qualitative review of the circumstances associated with each of the reported experiences of shame suggested that the participants' shame may well have been warranted in the individual's own social niche. Although the work reported here is a very preliminary attempt to capture this aspect of shame in a clinical sample it points towards an important new direction in the study of shame, one that could unite shame research with other socially informed approaches to mental health and treatment (e.g. Pilgrim, 1997; Orford, 1992). In particular it shifts the focus of treating shame away from the individual to the relationship between the individual and their social context. To say that people's shame 'makes sense' in their social context is not to contradict the fact that the nature of the shame may be marker shame. Marker shame is assumed to reflect actual social experiences.

The fact that the majority of experiences of shame were not disclosed contrasts with Rimé et al (1991) and Rimé et al (1994)'s finding that shame tends to be shared in non-clinical populations. However the finding that shame was disclosed no less than the other emotions in the study is parallel to Rimé et al (1991) and Rimé et al (1994)'s discovery that there was no statistical difference in the extent to which shame was shared compared with the other emotions (including as mentioned before guilt and disgust). This suggests that the

disclosure or non-disclosure of shame may reflect the psychiatric status of the participants rather than being essential to the emotion itself. If this is so it highlights the importance of carrying out studies of shame which pay attention to the personal and interpersonal context in which it is experienced.

The most striking generic characteristic of the emotions reported in the study was that so many of them (68%) remained undisclosed in contrast to many studies with non-clinical populations (summarised in Rimé et al, in press) in which between 90 and 96% of emotions were disclosed to others. As well as confirming the hypothesis based on the work of Joseph et al (1994) and Joseph et al (1997) that psychiatric outpatients would not express their feelings to others, this implies that emotional isolation is a significant and distinctive feature of psychiatric outpatients' daily lives. That much of this emotional isolation appeared to be related to shame (65% of the non-shame emotions which were not disclosed were associated with feeling shame at the thought of disclosure) and the fear of how other people would see them if they disclosed (63.2% agreement for the undisclosed emotions) supports Finkenauer et al's (1996) social model of secrecy in which emotional experiences are believed to be kept secret when anticipated disclosure leads to unpleasant social emotions such as shame and guilt and expectations of a negative response from others.

The finding that when emotions were disclosed this tended to make the participant feel better (in 62.5% of cases) suggests that disclosure may frequently be helpful as is implied in the literature on the benefits of emotional disclosure (e.g. Pennebaker, 1993). However the diary results do not provide information about the context of the disclosure and in particular the response of the recipient of the disclosure which may mediate whether it is helpful or not (Kelly &

McKillop, 1996). One possibility consistent with the finding that shame was often associated with non-disclosure is that disclosure is helpful when it reduces feelings of difference and shame, however this conjecture requires further exploration. In chapters six and seven data is presented from the follow-up interviews which were designed to explore in detail the context of the disclosures and non-disclosures reported in the diary, and the effects of withholding and disclosing on the individual's relationships with others.

The participants' lack of disclosure, their sense that disclosure would lead to shame and the creation of a negative impression on others, and the suggestion that their experiences of shame may have 'made sense' in their social contexts raises the possibility that psychiatric distress may derive in part from the emotional isolation that occurs when people feel that others cannot understand or respond positively to their experiences. While this proposition requires further research it resonates with recent attempts to develop models of psychotherapy that are more sensitive to social contexts (e.g. Riikonen & Smith, 1997) as well as with research in which mental health service users rated being able to talk to someone as their primary need when distressed (Mental Health Foundation, 1997). Further work on psychiatric patients' experiences of emotional isolation and ways in which it is alleviated may also contribute to our understanding of the generic relationship factors which appear to account for much of the effectiveness of psychotherapy (Lambert & Bergin, 1994; Burns & Auerbach, 1996).

Chapter Five

Introduction to a Qualitative Follow up Interview Study of the Disclosure and Non-disclosure of Emotional Experiences by Psychotherapy Patients

Background

At the end of the previous chapter it was suggested that dynamics associated with disclosure might play an important part in the so-called non-specific effects of psychotherapy. This is consistent with a number of findings in the mental health literature. First, that personal disclosure by psychotherapy patients characterises the behaviour of psychotherapy patients in different forms of psychotherapy (Stiles, 1995). Second, that personal disclosure by the patient is correlated with measures of good psychotherapy process (Stiles, 1995). Third, the evidence from consumer surveys of mental health service users indicating that what users want when in distress is someone to talk to (Mental Health Foundation, 1997). Fourth, the evidence of the protective effects of having a good confidant in community studies of the onset of depression (e.g. Brown and Harris, 1978). In addition to these findings a growing body of laboratory work has demonstrated the beneficial effects of emotional disclosure in non-clinical populations (see Pennebaker, 1993 and Chapter Three).

However, despite the fact that disclosure is generally interpersonal, involving the response of a recipient of the disclosure, explanations of the benefits of emotional disclosure are predominantly intrapsychic. It was suggested in Chapter Three that this derived in part from a lack of naturalism in the experimental settings used in the relevant social psychological studies and in part from an over-reliance on cognitive and mechanistic explanatory theories. Stiles et al's (1990) assimilation model of change events in psychotherapy, alluded to in Chapter Three, was an important example of one such theory. According to these authors disclosure is beneficial because it promotes the 'assimilation' of 'warded off' experiences into knowledge structures which permit the individual to make sense of the problematic experience. An alternative, although not necessarily incompatible, perspective, outlined in Chapter Three, draws inspiration from the dramaturgical perspective of Goffman, and in particular his view that people are motivated to conceal 'destructive information', information that would cause shame or embarrassment if revealed. If Goffman is right the negotiation of the identity implications of potentially destructive information should play a central role in the harms or benefits of emotional disclosure. This view harmonises with Kelly and McKillop's (1996) critical review of the disclosure literature in which they argue that the harms or benefits of disclosure are mediated by the social response of the recipient. Some preliminary evidence in favour of such a 'social' model of disclosure decisions has been presented by Finkenauer et al (1996) based on a non-clinical sample (see Chapter Three).

A 'Goffmanesque' perspective on disclosure implies that the anticipation of experiences of shame or embarrassment and the desire to avoid them will

mediate both the decision to disclose and the outcome of any such disclosure. If the disclosure decisions and outcomes of psychotherapy patients operate in this manner then shame may be embedded in social processes that relate crucially to the individual's experience of solidarity with others (cf. Hagan and Smail, 1997). Such an analysis would point the way to a conceptualisation of pathological shame that may go some way to establishing a socially grounded model of the relationship between shame and psychopathology.

In Goffman's theory shame and embarrassment drive the many kinds of 'facework' at the same time as remaining subtle and in the background, lurking as threats rather than being embodied and displayed. In Chapter Two it was argued that clinically relevant shame (termed 'marker shame' in that chapter) also relates to social threat rather than actual negative outcomes. It is pre-emptive, it serves to protect the self from potential negative evaluations of other people and it marks the limits of an individual's sense of legitimate social participation. The role of anticipatory shame in psychotherapy patients' inhibition of their emotional experiences would therefore appear to be a test of the utility of the concept of marker shame. From this perspective therapeutic experiences of disclosure may often be those that 'deconstruct' the interpersonal expectations associated with marker.

Quantitative data from the diary study reported in the previous chapter provide some preliminary evidence in favour of a dramaturgical model of disclosure dynamics in the lives of psychotherapy patients. It was found that 68% of the unpleasant emotional experiences reported by participants had not been disclosed

to anyone else, suggesting that a social process which has been found to be practically universal in non-clinical populations (Rimé et al, 1991; 1992; in press) was being inhibited. That this might be due to participants' assessments of the threat to their identities posed by disclosure of their experiences was suggested by the fact that in well over half of the instances of non-disclosure the participant agreed that the thought of telling anybody made them feel shame and they were afraid of how others would see them if they were to disclose.

The aim of this follow-up interview study is to explore in greater detail the context of the diary participants' experiences of disclosure and non-disclosure paying particular attention to the social representations and experience of shame associated with both disclosing and withholding the emotions reported in the diary. The study also attempts to examine the interpersonal effects of disclosing and withholding these emotions. Since in the diary study it was found that when emotional experiences *were* disclosed participants generally said that they felt better an attempt will be made to identify factors associated with the helpfulness or unhelpfulness of disclosure experiences.

Given the tendency in both the disclosure literature and the literature on shame and psychopathology to disregard the everyday context of these experiences the current study attempts to explore disclosure as it takes place in the day to day context of the psychotherapy patients' lives. The intention is to explore factors in patients' first person accounts of particular disclosure and non-disclosure experiences that relate to the plausibility of a dramaturgical theory of disclosure dynamics.

Method

Introduction to the qualitative method

Almost every study reviewed in the introductory chapters used a quantitative method. While research of this kind is important and may be necessary to tease apart competing accounts of psychological phenomena, in some cases an over-reliance on quantitative research methods may lead to a premature narrowing of focus and a corresponding neglect of the broader context of the phenomena of interest. In Chapter One it was argued that research on shame and psychopathology has tended to neglect the social context in which shame is experienced and in Chapter Three a similar argument was put forward regarding research on the benefits of disclosure . This neglect may have arisen as a result of the objectivist assumption that shame and disclosure are ‘things’ with properties which can be understood in isolation from the context within which it takes place (see Woolgar, 1996 for a critique of this approach).

While it would be possible to investigate neglected facets of the context of shame using quantitative methods, and the preceding chapter has attempted to do just that, the use of qualitative methods offers a number of advantages over a purely quantitative strategy. Firstly qualitative methods are a useful means of examining naturally occurring phenomena in their ordinary settings. Secondly they offer a means of understanding phenomena in a comparatively holistic way which includes variables which have not been pre-selected by the interviewer. As such

qualitative methods are well suited to inductive stages of theory development. Finally as Miles and Huberman (1994) note qualitative data ‘with their emphasis on people’s “lived experience”, are fundamentally well suited for locating the *meanings* people place on the events, processes and structures of their lives ... and for connecting these meanings to the *social world* around them’ (p. 10, italics in original).

There has been an upsurge of interest in the use of qualitative methods in psychology in recent years (e.g. Hayes, 1997; Richardson, 1996; Robson, 1993; Stiles, 1993). This appears partly to have come about as a result of a more critical view of the development of scientific knowledge (Woolgar, 1996; Henwood, 1996) and partly as a result of the interest of psychologists in developing psychological knowledge in applied settings (Hayes, 1997). However there is considerable variety in the epistemological positions underlying the use of qualitative methods (see Henwood, 1996, Guba & Lincoln, 1994). The orientation adopted in this study is the ‘transcendental realist’ position of Miles and Huberman (1994). These authors accept that our knowledge of reality is inevitably coloured by how we describe it, however they propose a broadly empirical approach in which some understandings of the social world can be demonstrated to be more accurate representations of social ‘reality’ than others. As they put it ‘social phenomena exist not only in the mind but also in the objective world – and ... there are some lawful and reasonably stable relationships to be found among them’ (Miles and Huberman, 1994, p. 4).

There are ‘few fixed formulas or cookbook recipes’ (Yin, 1989, p. 105) to guide the qualitative researcher and as Miles and Huberman point out ‘no study conforms exactly to a standard methodology; each one calls for the researcher to bend the methodology to the peculiarities of the setting’ (Miles and Huberman, 1994, p. 5). The current analysis incorporates features associated with a number of qualitative approaches, including grounded analysis (Pidgeon and Henwood, 1996), multiple case analysis (Yin, 1989) and the data display approach of Miles and Huberman (1994). However in keeping with the epistemological position of ‘transcendental realism’ a key concern has been to establish the reliability and validity of conclusions drawn from qualitative data. In order to do this an emphasis has been placed on the analysis of negative cases (Yin, 1989), alternative explanations (Yin, 1989) and the presentation of data in display matrices (Miles and Huberman, 1994).

Participants

Participants were those who took part in the diary study reported in the previous chapter (for more details see Chapter Four, p81). However four of the 38 diary participants are not included in the interview study because they did not provide an audiotaped interview. One participant did not want her interview audiotaped, two participants sent their diaries back to the clinic but were unable to attend the appointment for the interview, and in one case the tape recorder did not work.

The final sample therefore consisted of 34 psychotherapy referrals.

Materials

Participants took part in a semi-structured interview in which they were asked about the reasons for the non-disclosure or disclosure of the emotions they recorded in the diary, shame and related feelings attendant on disclosure or anticipated disclosure of the emotion, and the effects of disclosure or non-disclosure on their relationships with other people. The interview protocol is included in Appendix 6.

Procedure

Interviews were carried out when participants returned to the clinic having kept their emotion diaries for one week. The interviewer went through the responses written in the diary with the participant, which functioned partly as a means of clarifying the written responses and partly as a means of bringing the recorded emotion back into the participants' awareness. The interviewer then went through the interview questions for each emotion that was recorded in the diary. Following the interview participants were debriefed, given an account of the purpose of the investigation and invited to ask the interviewer any questions they had about the research.

Analytic strategy

The interviews were of varying lengths due largely to the varying numbers of emotions recorded in the diaries by different individuals. Interview material

relating to emotional experiences recorded in the diaries but excluded from the diary analysis because they were repetitions of one type of emotion (e.g. two instances of shame, or three instances of hatred) was retained for the interview analysis. This decision was made because 1) the focus of this analysis is factors relating to disclosure per se rather than to the emotion types that are disclosed or withheld and 2) the diary analysis of Chapter Four revealed few differences between the different emotion types regarding disclosure.

Interview material from all the interviews was pooled and material relevant to four main themes of interest was extracted to create four texts relating respectively to 1) reasons for non-disclosure, 2) effects of non-disclosure, 3) all material relevant to helpful disclosure and 4) all material relevant to unhelpful disclosure (Code-A-Text computer software was used to facilitate this procedure, Cartwright, 1996)

The analysis will be reported in two chapters. In Chapter Six the data on non-disclosure will be considered and in Chapter Seven attention will be given to the data on experiences which were actually disclosed. Because of the differing amounts of material in the various pooled texts (i.e. relating to reasons for non-disclosure, effects of non-disclosure, helpful disclosure and unhelpful disclosure) somewhat different analytic procedures were used for the analysis of each.

Methods used in each of the two following chapters of qualitative data analysis are outlined below.

Chapter Six on the non-disclosure of unpleasant emotional experiences. There was considerably more material on the reasons for non-disclosure and the effects of non-disclosure because of the high proportion of emotional incidents which were not disclosed. Because of the wealth of material here it was felt possible to use an inductive form of coding, developing codes in a 'grounded' manner from the descriptions provided by participants. While the a priori theories and assumptions of the researcher inevitably play a role in this inductive form of enquiry (see Pidgeon, 1994) this procedure has the advantage of developing theoretical ideas which are based closely on participants' own accounts and should allow factors that are important in the participants' social world to emerge in the developing theory. It seems particularly appropriate to use such a method for this data because there appear to be few alternative explanations offered for *why* participants fail to reveal emotional experiences. The work reported in this chapter also involves negative case analysis (Yin, 1989). Data display matrices (Miles & Huberman, 1994) have been included in appendices.

Chapter Seven on the disclosure of unpleasant emotional experiences. The data set was considerably smaller for helpful and unhelpful disclosure. However there *are* alternative accounts in the literature concerning the benefits of disclosure (see Chapter Three). For the section of Chapter Seven on helpful disclosure the material has therefore been organised around the alternative theoretical explanations for the benefits of disclosure in the manner advocated by Yin (1989). Interview material on instances of unhelpful disclosure was so scarce (only four participants described unhelpful disclosures) that the most appropriate means of analysis appeared to be looking at each instance individually in an

attempt to discover what factors were associated with the unhelpfulness of the disclosure. In Chapter Seven, as for Chapter Six considerable attention has also been given to negative cases.

Chapter Six

The Non-disclosure of Emotional Experiences by Psychotherapy Patients

Introduction

In this chapter the interview material relating to non-disclosure will be examined. The main parts of the analysis will concern firstly the reasons for non-disclosure and secondly the effects of non-disclosure on the participants' relationships.

This part of the analysis uses material from the twenty seven interviews in which participants spoke about at least one instance in which they did not disclose an emotion to anyone else. (79.4% (27/34) of the participants in the study talked about an emotion which they had not disclosed). Categories developed in a 'grounded' manner from the interviews will be presented along with summary tables, percentages and consideration of negative cases.

Why don't participants disclose?

The interviews provided a great deal of information about the reasons participants had not disclosed emotional experiences and this is the largest section of the chapter. Because of the comparatively large number of categories

which emerged in the analysis a list of the categories relating to reasons for non-disclosure is included in table one. Summary tables listing sub-categories endorsed by each non-disclosing participant are included later in the chapter for ‘anticipated responses to disclosure’ and ‘shame and other factors associated with the self’.

Table One: Categories relating to reasons for non-disclosure

<i>Main category</i>	<i>Sub-category</i>
Habitual non-disclosure	
Anticipated responses to disclosure	Negative recipient responses (e.g. labelling, judging and blaming) Fear of upsetting or burdening others Unhelpful positive responses of others Others not understanding Others not trustworthy Disclosure pointless
Isolation	
Shame and other factors associated with the self	Shame and self-conscious emotions Out of character Inability to justify feelings and experiences Own responsibility Rejection of own feelings Reluctance to experience unpleasant emotions or memories

Habitual non-disclosure

Responses to the interview question ‘if you can can you explain why you chose not to tell anyone?’ included many comments that suggested that non-disclosure

was habitual. This was often described by participants as a general tendency presumably relating to a wide range of emotional experiences:

‘I normally keep um things to myself’ (P5¹).

‘I’m not one for telling people how I’m feeling’ (P33).

‘I somehow keep it all bottled up’ (P18).

‘I just tend to bottle things up myself and uh just try and put it to the back of my mind’ (P28).

‘as I say I tend to bottle it up more than anything, instead of telling anyone’ (P38).

In some cases non-disclosure was described as a property of the kind of person they were:

‘I’m a very private person’ (P8).

‘I’m quite a closed person’ (P23).

‘I’m a very private type of person’ (P24).

¹ Refers to ‘participant 5’ in the study.

However in other cases it seemed to be more specific to a particular experience or emotion, as in the following extracts:

‘I don’t want anybody to know that’s what happened to me.’ (P16).

‘You know to me it’s something private and I just don’t want to share it with anybody.’ (P22).

‘I don’t find it easy to share, that particular feeling.’ (P15).

Overall 81.5% (22/27) of the participants who discussed an undisclosed emotional experience indicated that non-disclosure was a recurrent or habitual pattern (see Appendix 7). This is a powerful corroboration of the pattern of non-disclosure found in the quantitative diary study. It suggests again that non-disclosure is characteristic of this population (or at least many people in this population) and it underscores the contrast alluded to in the previous chapter between the study participants and the non-clinical populations studied by Rimé and his team. Rimé and his colleagues found that disclosure is a normal characteristic of the aftermath of emotional experience (see Chapter Three). This again points towards the possibility that ‘emotional isolation’ might be a significant component in these participants’ distress. It also highlights the importance of an understanding of why the participants choose not to disclose.

Anticipated responses to disclosure

Participants' reasons for not disclosing frequently involved expectations of how other people would respond if they disclosed.

Negative recipient responses (including labelling, judging and blaming). The most frequent anticipated responses seemed to involve labelling, judging or blaming.

Sometimes participants thought that others would think they were 'stupid' (Participants 5, 8, and 28):

'anybody else I may or try to talk to that I know may end up telling me to stop being so stupid. Which is one word I can't stand' (P5).

'I suppose they probably think I was you know stupid thinking on those lines, you know' (P28).

Sometimes they thought people would think they were 'round the bend' (P38), 'barmy' and 'crackers' (P14), or that they had 'a screw loose' (P7):

'I think they would think I was barmy, I think they'd just think I was crackers' (P14).

'to a normal person in the street, you know, I mean, the basic thing is when you turned your back they say "He's round the bend", you know. So, uh, you tend not to, you bottle it all up, you know. Uh, basically for

your own self-respect I suppose. You know, to give you what little respect you've got left' (P38).

P35 thought that most people would think she was 'completely odd':

'somebody who's in a cosy little life, moving along ... wouldn't have the first clue of what you were on about, and think it completely odd, not to be looking on the bright side of life' (P35).

P17 feared that others might think him a 'freak'. Many participants also worried about what the other person might think (P30), feared that people would 'judge' them (P19, 27, 16), or thought that if they told somebody they would be seen in an 'entirely different perspective' (P26):

'Nine times out of ten I don't bother to say anything, because I just think, you know, he's judging me on certain things, by saying that I am a lousy parent to the extent that he says I've got no control over my children' (P19).

'I couldn't see myself telling anybody at all. Because, you see, because p-, people don't know the things, they can't judge me by them. So I wouldn't tell them' (P16).

A few said or implied that they thought their disclosure would lead to arguments.

P38 said that if he spoke about his experience to his wife she might not agree

with him in which case he is ‘likely to go up the wall again’ and this will ‘double’ his problem. Some said that other people were likely to tell them that their feelings were wrong, for instance P10 who thought his wife would say ‘I suppose this is another bloody depression’ and P8 who thought her friends would tell her what she was feeling was wrong.

Overall, 70.4% (19/27) participants invoked the possibility of negative recipient responses of this kind to explain why they chose not to disclose. The common denominator in all these anticipated responses seems to be that the recipient of the disclosure will respond in a clearly invalidating manner – generally evaluating the participant less favourably.

Confidentiality. Probably related to the fear of being exposed to negative evaluations two participants said that they were concerned that others would spread the information to others (P5 and 16).

Not wanting to upset or burden others. About half (55.5%, 15/27) of the participants made a reference to not wanting to upset or burden others by telling them about the experience:

‘I don’t really feel I ought to burden people with my depression, or my problems’ (P14).

‘I just feel like I’m just putting on people and I’m not, you know, they’ve got better things to do, than listen to me, wallowing in self-pity, you know’ (P15).

‘I just, I just feel as though I don’t want to, even for one percent, encroach on their time, and pull them away from whatever else they might want to do’ (P18).

‘my friends that know about it get really upset [clears throat] when I when I’ve told them and I don’t want to upset them’ (P8).

‘If the family knew what happened it would split the family in half. I mean it’s a very fragile family at the moment, and that’s why I’ve chosen just to keep it so myself’ (P2).

Unhelpful positive responses. In addition to burdening or damaging others, a number (33.3%, 9/27) of non-disclosing participants talked about how other people might respond in an apparently positive way which was nevertheless perceived as unhelpful. For example P21 feared that her husband would tell her not to worry and that everything was fine, but she would consider this to be telling lies and him not taking the situation seriously:

‘I think possibly he would tell me not to worry and everything was fine, and I know it’s not, so I, I know that he would be telling me lies. Um, that maybe he wouldn’t take this situation as seriously as I take it, or, he

would but he would try to, um, convince me that it was no problem, um and I don't want to hear that, um. I want him to take it seriously if I told him' (P21).

Similarly P23 talked about her parents' response to her in the past:

'I think that a little while ago, a few years ago, when I first saw [name of psychiatrist] and then sort of told my mum about it, my parents said "Don't be ridiculous, pull yourself together. You've got everything going for you"' (P23).

P38, P14 and P10 said that they would probably receive advice, which they would not want to take.

Lack of interest or attention. About one quarter (25.9%, 7/27) of the non-disclosing participants mentioned that they thought other people would not listen or be interested in their disclosure:

'they might not just be bothered or want to sit there and listen to it' (P26).

'I get the feeling people ask for entertainment value. Not, to laugh at, but just "That's interesting" you know. But after a while these things are less interesting if you keep going on about them, they get boring. I tend to try not to. So I try to avoid talking about [most of the?] time' (P4).

Not believed. 18.5% (5/27) of the non-disclosing participants indicated that they thought they would not be believed. In three of these cases participants thought people would not believe that they had been sexually abused.

Lack of understanding. A cluster of expectations related to more abstract qualities about potential recipients of disclosures. About a third of the non-disclosers (33.3% 9/27) referred to the possibility that other people would not understand them:

‘Folks can say that they understand, but they don’t really’ (P24).

‘I just feel that people don’t understand, and I think that they’ll know abnormal about me if I try to explain how I feel about my family’ (P14).

Lack of trust. Some participants (14.8%, 4/27) also referred to their lack of trust in other people. For instance P27 felt she could not trust her most available potential recipient enough to talk to her. P5 says he does not trust his therapy group:

‘I mean the people that are there [in his therapy group] at the moment I don’t really know. Um. So I just couldn’t really blab out to anybody. It’s trust at the moment. There’s not really much, there’s no trust there at the moment, there’s no um, there’s no bond, if that’s the word we’re looking for, I don’t know. So, I mean even though they’ve all experienced the

same thing as I have, there's that, err, element of doubt, that I'm probably a one-off, they're a one-off, you know' (P5).

No point in disclosing. About a quarter of the participants (25.9%, 7/27) mentioned that they thought disclosure would be pointless:

'I don't really think it's um, if we're talking about colleagues or, or, or close friends I don't think it is, uh, I don't think it's of any value' (P36).

'I, I just don't see the point in telling them. I just don't see the point' (P18).

Table Two lists the categories of anticipated responses referred to by each non-disclosing participant. The mean number of anticipated negative responses was 2.8. A matrix displaying material from the interviews corresponding to each category for each participant is included in Appendix 8. The emphasis participants placed on how other people might respond negatively and unhelpfully raises the question of the degree to which such expectations are accurate. Kelly and McKillop's (1996) review suggests that in general people do have low tolerance for other people's disclosures of emotional distress. This implies that the participants' assessments of the likely negative or unhelpful responses to disclosure may be quite accurate. In any case the pervasive concern with other people's responses is strongly in line with Kelly and McKillop's argument that the benefits or harms associated with disclosure relate to the way in which the recipient responds. More specifically it appears that to a

considerable degree participants are concerned about how others will evaluate them. This is in line with the Goffmanesque approach to disclosure outlined in Chapters Three and Five.

Table 6.2: categories of anticipated responses of others for non-disclosing participants

P	Neg resp	Harm/bother	Lack understanding	Unhelp pos resp	Lack interest/atten	Not believed	Confidentiality	Trust	Pointless	Other
2	*	*	*			*				
4	*	*			*					
5	*		*				*	*		
7	*	*	*							
8	*	*	*	*						
10	*		*	*	*					
12	*									
14	*	*	*	*	*				*	
15		*								
16	*					*	*			
17	*	*							*	
18	*	*							*	
19	*									
21	*			*						
22		*				*				
23		*		*						
24		*	*	*		*			*	
25										
26	*				*			*		
27	*							*		
28	*									
30	*	*						*		
33		*		*	*	*				
35	*				*					
36	*	*	*	*					*	
37										*
38	*	*	*	*	*				*	
TOTAL	20 (74.1%)	15 (55.5%)	9 (33.3%)	9 (33.3%)	7 (25.9%)	5 (18.5%)	2 (7.4%)	4 (14.8%)	6 (22.2%)	1 (3.7%)

Isolation

In addition to the potential responses and qualities of available recipients of disclosure over a quarter (29.6% 8/27) of participants said that one of the reasons they did not disclose was because there was no one available that they felt they could talk to:

‘There was, there was nobody to tell’ (P4).

‘basically I’m just on my own really’ (P10).

‘There was no one around to tell. Apart from my husband, which I’d rather not discuss it with’ (P24).

These comments seem to underline the sense of isolation and lack of solidarity with other people experienced by these people.

Shame and other factors associated with the self

Non-disclosing participants were asked ‘Do you think that if you told somebody you would feel stupid, or silly, or ashamed of yourself?’ In this section responses will be considered which involve shame and other factors that seem to relate more to qualities associated with the self than to how other people might respond. A table with material from the interviews corresponding to each category is included in Appendix 9.

Shame and other self-conscious emotions. 74.1% (20/27) of the participants agreed that they would feel shame if they told somebody else about an undisclosed emotion recorded in their diaries:

‘That’s the shame part of it, to tell anyone. Um, because I mean I was always like somebody that they looked at to sort anything out you know.

Um, the same now [inaudible] so. But you can't make them understand it' (P38).

'Um, I wouldn't, I would feel I think more shame than stupid. Um, I would feel that um, it's something that I should, a problem that I should keep to myself, that I shouldn't tell anybody about, um, cos it is shameful, it is a shameful thing' (P21).

'Probably ashamed. [And what, what do you think that would be about, the shame would be about?] Just sort of how like I've been and how I've treated people and ... you know, it would just be about that really.' (P23).

'Um. It's not, uh. It's this thing about men not talking about their emotions. Uh. It's, it's a, a girly thing to do. [Laughs slightly]. So I'd feel a bit stupid. I'd feel a bit ashamed as well. I'd feel a bit ashamed if I told a man. I'd feel definitely. Not so much if I told a woman' (P4).

'Yeah, just stupid and ashamed, yes, yeah. I don't think I'd necessarily feel silly. [Yeah. And can you say a bit about why that might be?] [Sighs] I think that everybody else has got their relationship with their parents seems to be fine and OK and mine certainly isn't and never has been. And I just feel that people don't understand, and I think that they'll know abnormal about me if I try to explain how I feel about my family. I just don't talk about it.' (P14).

Of those who did not agree Participants 15, 19 and 35 used descriptions that many shame theorists (e.g. H. Lewis, 1971, Retzinger, 1991) would regard as indirect expressions of shame e.g. ‘silly’ (P19) or ‘uncomfortable’ (P35).

‘I think I’d feel stupid. [Yeah. Can you say a bit more about that?] Um. I just feel like I’m just putting upon people and I’m not, you know, they’ve got better things to do than listen to me, wallowing in self-pity, you know’ (P15).

‘I think if you want that category [?], I think then I’d have felt silly telling him over it, and that to the extent that it would have took me back to being a small person again. [Yeah. So that would have been difficult. Yeah. Would you, do you think you would have felt ashamed as well? Or not?] No, I don’t think I would have felt ashamed over it because [husband] knows a lot about my past, things like that. Um, I think it’s because he knows so much about my past, and that, cos it’s the only person it’s ever been shared with, he’s the one that sort of got me this far. But it seems to be more understanding to things that has actually gone on and on, you know all things like that. So I don’t think anything I’d have said would have actually made him actually ashamed.’ (P19).

‘I would feel uncomfortable. [Not those...?] I would feel it’s not the right thing to do. [Yeah. So you wouldn’t use those words?] No, sorry. [That’s OK]. Um, you know, like when you feel uncomfortable you get like a pit,

feeling in your stomach, and you think “Oh, shouldn’t have done that”. I get that sort of uncomfortable.’ (P35).

P22 denied feeling shame. As she put it: ‘I won't feel ashamed. I don't think I've got anything to be ashamed of’. However she does express fear about how other people would judge her if she disclosed. It is perhaps surprising that more participants did not deny shame in this way since many theorists of shame have commented on people’s shame of their own shame (e.g. Scheff, 1988). P26 seems to have interpreted the interviewer’s question as meaning would she feel ashamed about *having* disclosed if she were to disclose, and so she responded negatively, although in her diary she said that the thought of disclosing made her feel some shame. She also says that she did not disclose because ‘people might look at me in an entirely different perspective’. In the context of their responses in the interview as a whole Participants 25 and 37 who also said they did not experience shame at the thought of disclosing were exceptions and will be considered at the end of this section.

The agreement by most participants that they would either feel ashamed or ‘stupid’ or ‘silly’ if they disclosed is supportive of the dramaturgical perspective on disclosure, which is understood to be driven by the threat of shame and embarrassment. It is also consistent with Finkenauer’s Social Model of Secrecy in which emotional secrecy is thought of as driven by threat to the self, which causes social emotions, which in turn are regulated through secrecy. Finally the participants’ comments support the notion explored in Chapter Two of the

relevance of marker shame in psychological disorder and they illustrate how it might operate in the specific context of disclosure.

18.5% (5/27) participants saw guilt as a factor in the non-disclosure of an emotional incident:

‘If I wasn’t feeling guilty because of that I would have explained and told someone’ (P33).

‘I feel guilty when I’m encroaching on their time so much’ (P18).

‘I’d feel guilty, and um, feel that I’d let people down’ (P23).

These comments suggest that guilt may be an important factor alongside shame in the non-disclosure of emotional experiences by psychotherapy patients.

Out of character. 40.7% (11/27) of non-disclosing participants related non-disclosure to the fact that disclosure would somehow contradict or undermine a valued outward identity. Some participants spoke about how the emotional experience they recorded in the diary contradicted their sense of themselves as ‘strong’:

‘I’ve always been really strong and in control. And to tr-, to to then be reduced to relying on other people to help me, and, um. Other people usually tell me their problems, and to tell them, it’s too difficult for me ...

I've kept it together up to now, but, I think it's just so difficult, um, to put myself in a position where I'm not in control of the situation' (P8).

'Uh, the reason that being is I've always been a very, very strong character. And my, I've had a lot of family problems, and I've always been the one who's been, who when I've been you know ... I was always the one who was sort of called upon to sort any problems out' (P10).

Other participants referred to other valued facets of their identities that were belied by their emotional experiences:

'the family see me as a laugh, and a sense of humour and all that stuff, and, um, I don't know how they'd see me if I said anything' (P2).

'Just mind. I think because I'm seen to have this really good relationship with my children and probably too, because I am, constantly trying to work it out, and work it out with her [daughter], you know, and I, I think it's a sense of failure really, about it. But I don't compound it by having people know' (P12).

'I suppose that, sort of people who know me um, that they see me as sort of fairly successful, confident person, and that's not really where it's at. So it would be kind of like shattering that image' (P23).

The comments in this category suggest that these participants are trapped in forms of relating to others which while they may be validated by others are false to the participants own emotional experiences.

Inability to justify feelings and experiences. 37% (10/27) participants made reference to how they felt unable to justify or account for their feelings or experience:

‘Well I feel ashamed and put the damper on what should have been a perfectly nice enjoyable evening. Um, I didn’t want to do that. Couldn’t justify why everybody was irritating me so much. Couldn’t understand myself why I felt like that. Um, I don’t know why I have these feelings, but it’s quite common’ (P14).

‘women of my age are um, normally perfectly capable of having, um, a sexual relationship with their husband. They are expected to have a sexual relationship. There’s no reason why they shouldn’t. For whatever reason I, I don’t or can’t, um, and that is an extremely shameful thing. Um, I should be able to. Um, it’s, he’s an extremely caring man, so there’s no reason why I shouldn’t be able to’ (P21).

‘I can’t. I just can’t tell anybody really how I feel. I can’t, just can’t explain it. She, she wants to know why I go into these rages, and I can’t explain it’ (P7).

‘[With your family and friends you would feel silly or stupid or ashamed of yourself?] All [inaudible ? three]. I don’t know about stupid, but it, I just find it hard to clarify it really, you know, just explain or just, yeah, just to talk’ (P12).

Here again the participants seem unable to articulate aspects of their experience because there appears to be no social mandate to do so. Their emotional experiences appear to fall outside the framework of available stories that can be used to ‘mitigate or at least make comprehensible a deviation from a canonical cultural pattern’ (Bruner, 1990, p. 49).

Responsibility. 33.3% (9/17) of non-disclosing participants mentioned that they considered themselves responsible for their difficulties. Sometimes this was in the context of sexual abuse:

‘when it happened I should have told someone. And that, it went on for years, and I never told anybody. And it could have been stopped’ (P7).

‘[And what is it that would make you feel silly or stupid?] Having to actual-. Certain things that’s happened I somehow feel I could have stopped. I am a bit confused as to why I let it well, go on for so long’ (P24).

‘Shamed that it had happened and I didn’t put a stop to it’ (P33).

The sense that the participant was somehow responsible for their own feelings appeared in other contexts as well:

‘That’s why I said I was stupid, because if I just thought a little better, you know, if I get my mind to think a little better I wouldn’t have, I feel I wouldn’t have the problem in the first place’ (P17).

Mostly participants mentioned that their emotional difficulties could only be resolved by themselves:

‘I think the whole thing with my son, is something I feel I should deal with myself’ (P27).

‘I feel it’s all mental pressure, and I’ve just got to learn to be stronger. And s-, still stems from me’ (P18).

‘You’re on your own. You know your own problems. You’ve got to sort them out yourself. It’s easier said than done. It took a lot for me to come here’ (P10).

These expressions of individual responsibility are perhaps symptoms and causes of the fact that the participant cannot find a socially sanctionable understanding of their experiences that could form a basis for reaching out to others.

Rejection of one's own feelings. 18.5% (5/27) participants made explicit comments about how they regarded their feelings as invalid:

'see if I've cried I feel vulnerable then. I feel dis-, that's a disadvantage, you know, because I'm showing my weakness' (P10).

'I'm not supposed to have these feelings, I'm supposed to be self-disciplined, you know' (P17).

'I was feeling silly about what I was feeling' (P15).

Reluctance to experience unpleasant emotions or memories. Over a fifth (22.2%, 6/27) of the non-disclosing participants made comments to the effect that they didn't wish to disclose because it would have intensified or reinforced the pain of their feelings:

'I think if I told people how I was feeling, then it would have made the feelings that I'd had more tense. Cos at the same time it would, I know for a fact it would have took me deeper back into my past, than I wanted to go back. To the fact that, with [husband] I talk about things. But then once I've actually opened it up I find myself talking more and more about it, going that far back that, you know, I go back to old memories, and I didn't want that' (P19).

‘If I don’t tell anybody people can’t remind me about it. And then eventually, when the memory gets distant, you can blank it, forget it happened, you know, pretend that it didn’t happen, or it didn’t happen to me’ (P16).

‘I think that if I actually tried to explain how I was feeling and why it would make it sort of, um, not real, because the whole thing was real to me anyway, but sort of, um, it would cement it ... to actually tell him that would compound I think all the other um, or would compound the knowledge that he had’ (P21).

This category is the only one to emerge that may be distinct from the overall theme of how the individual fits in with others. This is because reluctance to experience a memory or emotion could be simply because it is painful per se, and not because of the social implications of experiencing it. However in some cases this category can also be seen to relate to social and identity related concerns as appears to be the case for P21 who did not want the emotional experience to be compounded by other people’s judgements in addition to her own.

Table 6.3 shows the categories of self-related factors associated with non-disclosure for each participant. The mean number of categories per participant is 2.2.

Table 6.3: categories of self-related factors for non-disclosing participants

<i>P</i>	Shame etc	Out of character	Inability to justify own feelings	Problems are own responsibility	Rejection of own feelings	Reluctance to experience unpleasant emotions/memories	Other
2	*	*	*				
4	*				*		
5	*		*				
7	*	*	*	*			
8	*	*					
10	*	*	*	*	*		
12	*	*	*				
14	*		*				
15	* (?)		*		*		
16	*		*			*	
17	*		*	*	*		
18	*	*		*			
19	* (?)					*	
21	*		*			*	
22							
23	*	*				*	
24	*	*		*	*		
25							*
26							
27	*			*			
28	*	*		*			
30	*						
33	*			*		*	
35	* (?)					*	
36	*	*					
37							
38	*	*		*			
<i>TOTAL</i>	Excluding (?) = 20/27 (74.1%)	11/27 (40.7%)	10/27 (37%)	9/27 (33.3%)	5/27 (18.5%)	6/27 (22.2%)	1/27 (4%)

The emerging picture of reasons for non-disclosure

So far two major elements seem to have emerged in participants’ reasons for non-disclosure – on the one hand the anticipated responses of others and on the other participants’ own attitudes and feelings relating to disclosure, including shame. The fact that most participants mentioned themes in both of these two broad categories suggests that the negative self-judgements concerning the individuals’ experiences often mirrored the participants’ representations of how other people would judge them.

The analysis so far appears broadly to support a Goffmanesque understanding of the reasons for non-disclosure. The most common anticipated negative responses of others seemed to be ones that were labelling, blaming and judgmental. This is consistent with the idea that non-disclosure is related to how the individual would be evaluated by other people were they to disclose. This in turn is congruent with the prevalence of anticipated shame were the participant to disclose.

The other categories that emerged are compatible with this interpretation. The 'out of character', 'inability to justify', 'responsibility' and 'rejection of own feelings' categories all imply that the individual feels that they cannot present others with an account of their experience in which they would emerge as worthy of respect. The various categories of anticipated response imply that participants considered other people lacking in what Riikonen and Smith (1997) term the 'moral imagination' to understand their experiences. Either others would prove unable to heed their account, or they would prove untrustworthy, or they simply would not understand.

While the weight of evidence seems to favour the Goffmanesque view of disclosure there is some suggestion that other considerations were involved too. Firstly the category 'reluctance to experience unpleasant emotions/memories' suggests that participants may have inhibited emotional experiences for the simple reason that they are painful and not because of the identity implications of disclosure. However while this may have been true in some cases it is also possible that reluctance to experience the emotion was in part due to the

implications experiencing the emotion has on how they are seen by others. This certainly seemed to be the case for P21 whose attempt to 'blank' the emotion was related to the desire not to 'compound the knowledge' that her husband had about her.

A second factor which invites a different interpretation is the finding that many participants were concerned about bothering or harming other people. This is probably also related to the spontaneous comments by a number of participants that non-disclosure was related to feelings of guilt. The notion that damage to others is an important factor in the decision not to disclose contrasts with the notion that non-disclosure is based primarily on fear of damage to the self. It seems plausible that many participants felt both guilt and shame related to non-disclosure – after all as H. Lewis (1971) and others have pointed out one may often be ashamed of things about which one also feels guilty. While guilt is in all probability a consideration in the decision not to disclose it does however appear to be less pervasive than the identity-relevant concerns that characterise the Goffmanesque interpretation, although this could in part reflect the fact that shame, but not guilt, was explicitly mentioned in the structured interview questions.

Overall, the findings concerning participants' reasons for non-disclosure suggest that the quite pervasive trend of emotional secrecy in this population is in large part related to the participants' inability to frame their emotional experiences in an account which would confer respect and understanding of their experience by other people.

The effects of non-disclosure

Non-disclosing participants were asked ‘do you think that *not* talking to anyone about the way you felt had any effect on your relationships with other people?’ Their responses seemed to fall into four categories. Having presented these this section will end with a consideration of how non-disclosure may have been part of an escalating cycle of difficulty in relationships.

No effect

More than half of the non-disclosing participants (51.9%, 14/27) said for at least one undisclosed emotion that not disclosing had no effect on their relationships with other people. Some participants simply said that they did not think non-disclosure would have an effect. In some cases they said that non-disclosure had no effect because nobody knew:

‘No. Cos what they don’t know can’t hurt yer’ (P5).

‘I don’t talk about it ... So nobody knows. It doesn’t effect the relationship, cos, nobody knows’ (P15).

This underlines the sense that what may be salient in their minds is the potential negative effect of disclosing. Two other participants said that non-disclosure

simply confirmed the status quo – one in which they appeared to be emotionally isolated from other people:

‘The only effect it had it sort of confirmed what they said, you know, we were a happy family. It didn’t change how I felt or anything. Just made me feel I’m living a very deceptive life. A lie. Which I wish it wasn’t but it just is’ (P24).

‘No [No. Basically you just left things as they were?] As they were. And then you just build up a, put another brick on the top’ (P36).

Given the fact that non-disclosure was so habitual for most of the participants, asking them what effect it had on their relationships was perhaps a difficult question as non-disclosure is the rule rather than the exception. As one participant put it it was a ‘hard question’ because:

‘you’re asking me to say did somebody have a reaction because you didn’t do something’ (P16).

Nevertheless a number of participants indicated that there were significant effects of non-disclosure on their ways of relating and on their relationships.

Isolation

A proportion (37% 10/27) of non-disclosing participants said that for at least one undisclosed emotion non-disclosure led to them isolating themselves to a greater degree. Only one participant referred specifically to isolating himself in the actual context of the emotion that was reported in the diary:

‘I excluded him. For the next few days. [You sort of just didn’t acknowledge him?] Well, I talked to him, but on a superficial level. Not, uh, encouraging conversation’ (P4).

The rest of the participants who said that they isolated themselves indicated that this was a general tendency in circumstances of the kind that they had described:

‘And why, [coughs] it’s it does have a bearing on the relationship, because you’re too embarrassed to tell em. You’re too ashamed to tell em why it happened all them years ago. It stops from, it stops you from forming very close relationship with someone because you, it’s something you go to sleep at night and think about’ (P7).

‘I talk, I very seldom talk about how I feel. Yes, it does, it cuts me off from people. I’m very superficial with people, I’m very hard to get to know, and I’ve, I don’t say I’ve done that deliberately but certainly I know, I’m aware of it, that I’m very hard to get to know. I think people find me unapproachable’ (P14).

‘I’m sort of standing back from them, putting myself off from them, I’m not open, I’m not an open person. Um, not how I’d like to be, in that sense’ (P21).

‘Yeah, because I tend to go a bit introverted and spend a lot of time on my own and stuff. [And how does that affect relationships?] Um. I just don’t really communicate. Just kind of shut away for a while’ (P23).

Isolating oneself and keeping a distance from other people fits in with the need to prevent others from becoming aware of ‘destructive information’. Indeed non-disclosure can itself be seen as a form of self-isolation given the general tendency to share emotional experiences (Rimé et al, 1991; in press). The comments above suggest that for these participants non-disclosure may have made them feel increasingly lonely. This kind of self-isolation is reminiscent of H. Lewis’ understanding of the ‘self-ostracism’ that takes place when people are ashamed. Comments of this kind underline the growing impression of a group of people who are experiencing considerable dislocation of themselves and their experiences from others.

Hostility and irritation

A similar proportion (29.6% 9/27) of non-disclosing participants said that not disclosing an emotional experience made them feel angry, irritated or hostile towards other people:

‘Yeah. Cos I, I become really, um, sullen ... I, I can become quite abrupt’ (P18).

‘because of not talking about it, all my anger and all my hurt is inside, and, how it comes out is me being snappy towards my family and argumentative’ (P2).

‘Um ... I probably took it out on my mother. She’s the person I have most contact with. And, uh, I saw other people in a different light. Uh. Uh, as enemies. Wanting to do the same thing’ (P4).

‘I suppose so. Yeah, I suppose it does. Um, because when I feel that I can’t talk to my parents, then sort of after I feel angry that I can’t talk to them, so I feel sort of quite a lot of anger towards them, and I suppose it comes out in my general behaviour. And sort of how I interact with them. [And can you can you just say what kind of behaviour that would be?] Um. Just sort of, just snapping and, you know, sort of not really engaging in conversation’ (P23).

The kind of anger the participants describe appears generally to be a sullen and irritable kind of anger, an anger which is perhaps consistent with the individual isolating themselves more. Five participants (18.5%) indicated that they isolated themselves *and* became angry, irritable or aggressive.

It is not clear in most cases exactly what the hostility is associated with, although a possibility is that the individual reacts angrily because they anticipate negative responses from others if they disclose and they then respond to those around them on the basis of these expectations. This is consistent with P23's remark (above) that she feels angry *because* she can't talk to her parents – her anger is presumably associated with the kind of behaviour she thinks her parents will exhibit if she tries to talk to them. P24 also seems to indicate that her anger is associated with how other people might think of her if they were to know about the emotional experiences she conceals:

‘They’re trying to question me to find is there a problem? And I’m angry for them for even daring to question me’ (P24).

If this is true of the other accounts it would seem once again that the issue for the participants is the difficulty of getting a positive view of oneself accepted by other people. The anger may be understood as protest against other people's perceived inability to acknowledge the validity of the individual or his or her experiences. As such it has much in common with the kind of ‘shame-rage’ discussed by H. Lewis (1971) and others (see Chapter One).

Difficulties in relationships

40.7% (11/27) of non-disclosing participants indicated that non-disclosure was associated with some difficulty in their relationships with others. Some of these

participants talked about how anger associated with non-disclosure had caused problems in their relationships:

‘Yes. My partner is, um, in the, the, pulling the short straw all the time, you know, he’s been the brunt of it all, and on this occasion as well, yeah. I was quite snappy with him because of it’ (P18).

‘No, the only person it effects unfortunately is um my husband and the kids. He gets very tense and wants to know, because if I think about things like that, I do become very aggressive. When I say aggressive I mean um, I get very angry, and I raise my voice, I’m impatient as well’ (P24).

‘I think, I think it had on [husband] more than anybody, to the extent that [husband] in the end actually got up, and he went out on his own, after, you know, sort of arguments, and things like that. Which is a thing [husband] has never ever done’ (P19).

Some emphasised the difficulty that withdrawing and withholding information about themselves and their feelings caused in relationships:

‘But as he says, at the moment he knows I can’t open up to him, and it’s hurting him more than it’s hurting me. And it’s a horrible feeling, because you know, someone’s so close to you, and you can’t tell him how, what

you feel, and how you are feeling. It's a horrible feeling altogether'
(P26).

'I don't know how it's affected him. Not talking to him is definitely affecting it an awful lot. Cos he wants to sort of get into my inner mind. I am not giving the opportunity. And he gets annoyed, because he feels we're not sharing. I'm not being co-operative, or I don't want to involve him in, you know. He feels if I'm upset, maybe if I told him the reason why I was upset he'd be able to help me, but he can't help me. And so I refuse to say anything to him. It's just one vicious circle' (P24).

'You know, sexually, we haven't got a sex life. I, I feel as if I don't want to get close to anybody. And, you know, that causes major problems'
(P10).

A common theme is the considerable distress the participants' withdrawn or angry behaviour seems to cause their partners. Indeed, one of the participants indicated that the reason he had sought help in the clinic was because his marriage was under threat. In the following passage he talks about how his refusal to speak about his moods and his tantrums has made his wife question whether she wants to continue the relationship:

'And [clears throat] this is what affects our relation, that I will not talk to her about this. And she can't understand why when I do these kind of things I will not talk, I will not tell her how I feel. Um. Cos I can't. I just

can't tell anybody really how I feel. I can't, just can't explain it ... Won't explain why I've done it, won't explain how I was feeling, what's brought it on, and just dismiss it then, just hoping it will go away, that nobody will pick up on it. My wife wants to know why I'm doing it, and because I can't explain, and will not explain to her she doesn't find it any use to carry on' (P7).

P2 indicated that she had split up with her partner because she felt he was not understanding enough, although she had not told him about her abuse and he had put her behaviour down to her being a 'miserable person':

'I have been really miserable over the last few months, and um, he just put it down to me being miserable as a person. But I've not been able to tell him about me being abused or how I felt, and so, I just feel let down because I thought he'd be more understanding' (P2).

P28 talked about how not speaking about her experiences worsened her marriage before it's eventual dissolution:

'I think by, um, bottling things up in this case, I don't think it has helped, because obviously you build, um, a barrier up, um, knowing what's happened with me and my husband I've noticed by not talking things just get worse and worse [Mm]. But he's the type that you can't really talk to about feelings, uh, so it just gets worse. [So how does it get worse? What happens when it gets worse?] Um, you just, on both parts you just stop

speaking. You have nothing to say, you just, you know, you don't exist really. I try and um, carry on as if nothing's happening when it is. [Mm.] And you don't seem to have any control over it, you just let it slip. And then it just gets worse then' (P28).

It seems likely that these interpersonal effects of non-disclosure may contribute to an escalation in the individual's feelings of isolation and alienation because the behaviour associated with non-disclosure may itself attract negative labels or even rejection from others. P24 describes how her husband's attempts to get into her 'inner mind' lead to a 'vicious circle' in which both her and her husband seem to feel increasingly aggressive towards one another. P2 talks (above) about how not speaking to her partner about her abuse (which still prompts many of her emotions) leads him to label her as a 'miserable person'. A similar process seemed to be taking place in the case of another sexually abused woman with the woman she sits next to at work:

'Yeah. [Can you say what those effects were?] Well people don't understand it, what you're going through. Say for instance the girl that sits next to me at work, sometimes I'm down, and she must think "what's wrong with her". It does affect you. [And so, how would it affect your relationship with her?] Well it has. She's not as friendly any more. [Right]. But I don't feel that she's close enough and she's got any business to know, where I'm going and why. It does affect it' (P33).

It is possible that responses of this kind mean that people who have suffered experiences that are stigmatising may develop increasingly stigmatised identities as they attempt to protect themselves.

Two participants spoke about how non-disclosure led to more intra-personal difficulties. P15 talked about how non-disclosure led to the emotion ‘eating her up’ inside:

‘Um, cos you can’t express it really, so you just keep it inside. ... [And when you suppress it what do you think happens then?] It just eats you up inside’ (P15).

P27 talked about how the emotion would build up in her if she didn’t disclose:

‘I don’t think, no, I don’t think it’s had an effect on my relationships with them, but it’s had an effect on my relationship with myself. [Right. So what’s that? Can you say a bit more about that?] Um, it’s just the fact that it must be something to feel guilty about. You know, if I can’t talk about it to somebody, there must be a legitimate reason. [Right, so it builds up]. Yeah. [That if you don’t tell somebody then you can, that’s a sign that...] Yeah, that, that, there’s a real reason for it to be happening’ (P27).

This comment implies that non-disclosure acts as a kind of seal on the expectations of negative and judgmental reactions from others – so that the non-disclosing person treats others as if they would respond in this way. Earlier it was

suggested that this might underlie the hostility that many non-disclosing participants appeared to experience towards other people.

Table 6.4 shows which of the four main themes that emerged in the analysis of the effects of disclosure was endorsed by each non-disclosing participant. A display matrix showing the interview material corresponding to each category for each participant is contained in Appendix 10.

In summary, participants sometimes said that non-disclosure had no effect on their relationships with other people, probably because non-disclosure simply maintained an ongoing state of emotional isolation. However many participants indicated that non-disclosure led to them being more aggressive, more withdrawn and led to serious difficulties in close relationships. These difficulties appeared to be due in part to the negative behaviours suffered by the partners but also because the partners appeared to have great difficulty accepting aggressive and withdrawn behaviour in the absence of any explanation. It was tentatively suggested that the participants' negative behaviours following non-disclosure might lead to negative judgements on the part of those close to them, thus perpetuating and potentially deepening their emotional isolation. For example an individual who feels unable to talk about being sexually abused because she feels that this is 'destructive information' may behave in a sullen and 'difficult' manner which, in the absence of explanation, may paradoxically be seen as evidence that there is something wrong with her, or unpleasant about her. It is possible that these secondary effects of non-disclosure may even lead to attributions of emotional disorder, attributions which, as some social

constructionist thinkers have argued may mask the social origins of the individual’s suffering.

Table 6.4: the four main themes emerging in the analysis of the effects of disclosure for each non-disclosing participant²

P	NO EFFECT	ISOLATION	HOSTILITY	RELATIONSHIP
2		*	*	*
4		*	*	
5	*			
7		*		*
8	*	*		
10	*	*		*
12	*			*
14		*		
15	*			
16	*			
17				
18		*	*	*
19			*	*
21		*		
22				*
23		*	*	
24	*		*	*
25	*			
26				*
27	*			
28	*			*
30	*			
33	*			*
35			*	
36	*			
37	*			
38	*	*	*	
TOTAL	55.5% (15/27)	37% (10/27)	29.6% (9/27)	40.7% (11/27)

Analysis of atypical cases of non-disclosure

In the methods section it was mentioned that a major technique in establishing the validity of conclusions drawn from qualitative data was that of paying attention to so-called ‘negative’ cases – cases which do not appear to conform to the general pattern of findings. Negative cases present a challenge to the emerging theoretical explanations and indicate the limits of the theory or where the theory needs to be modified. Two of the 27 participants who described at

least one emotional experience that they did not disclose clearly did not conform to the general trends discussed above. Since these two participants also differed markedly from one another they will be considered separately.

P25

The main difference between P25 and the other participants was that her non-disclosure seemed to be unrelated to any of the Goffmanesque concerns that typified the other participants' experiences of non-disclosure. Unlike most participants she denied that shame had anything to do with not disclosing the emotions:

‘Um, well, why should I feel silly, or ... I can’t see that I’d have any particular reason to feel silly, or ashamed of myself or anything else.’

Moreover there were no indications of shame as a theme in her life elsewhere in the interview, unlike for instance P22 who denied that she would feel shame if she disclosed but did reveal a preoccupation with how others might think of her if she did. Indeed there appear to be no indications that she had any interest in how other people might think of her. She did express concern in one part of the interview that other people might ‘turn her away’ when she wanted to talk to them. However this concern with rejection differed from that of other participants in that it was not apparently predicated on any characteristics of her

² Some participants have entries under both ‘no effect’ and the other columns. This is because more than one emotion was discussed in most of the interviews.

own that she felt might lead to rejection, and she did not appear to reject her own experiencing because of its implications for her social value.

The reasons for non-disclosure that P25 *did* give in the interview reinforce the contrast between her case and the others. She comments on a number of occasions that the emotions that she reported in the diary are common experiences for her. For example she says of the guilt that she reported ‘I just feel guilty all the time anyway. It’s not anything abnormal’. This ‘normality’ is for her the reason that she does not tell anyone else, and she contrasts it with the kind of experiences that she would disclose:

‘Maybe because I sort of feel like that all the time anyway, so. [Laughs]. It wasn’t anything that was sort of life or death or really sort of extreme.’

‘I wouldn’t tell anybody about that I felt guilty, well I might actually, come to think of it. I don’t know. I might say in passing to someone “Oh I went round so and so’s, I felt a bit guilty because I knew she was decorating. I might on that kind of level, but it wasn’t like mega, it’s not kind of in that league of, you know, sort of self-destruction or anything, you know, it’s not big enough.’

At the end of the interview she clarifies the kind of experience that she would discuss:

‘I mean I did feel really guilty. But the sort of things I tell people about is if you know I’ve cut my wrists recently, or, you know, I want to kill myself, or [Laughs].’

It appears then that the experiences that she would disclose are extreme and deviant behaviours, while more normal kinds of emotional experiences that she has she keeps to herself. In this respect her pattern of disclosure would appear to be opposite to the general pattern of reasons for non-disclosure where non-disclosure takes place as a result of the person believing that their experience is abnormal and difficult for others to understand.

An explanation for the atypical reasons for disclosure given by this participant may lie in the fact that this participant appeared to be in a different kind of social context to the other participants. Unlike most participants, for whom the world of psychotherapy may have seemed quite unfamiliar, P25 seemed to live her life in a milieu which was imbued with the language and attitudes of psychotherapy. Unmarried and living alone she spent her days at a day centre and she had formerly been a patient in a therapeutic community. In this respect it might be said that this woman was immersed in what could be termed a ‘mental health subculture’. While a full explanation may be impossible due to the limited scope of the research interview, a close reading of what she said in this interview suggests that aspects of this ‘mental health subculture’ may have contributed to her unusual attitude to disclosure.

A striking feature in P25's interview is how she explains her emotional experiences as if they are themes that illustrate the workings of her inner mind rather than as experiences which reflect her concerns in the real world. For instance she explains her guilt in the following way:

'I don't know whether it was to do with again this thing about disturbing other people. It's ridiculous. Um, or, uh, whether it was to do with I'm not entitled to enjoy myself. I'm not sure which one of those it was.'

In this quote it is as if her emotional experience has become simply a token of her (malfunctioning) personality dynamics. The objectifying quality of the phrase 'this thing about disturbing other people' and the added comment 'it's ridiculous' imply that the social concerns associated with her guilt are invalid. Her guilt seems to be robbed of any external reference and the fact that she appears uncertain which of the two 'themes' is correct seems to underline its fuzziness. The 'therapeutic' way of understanding her emotional life illustrated above could be seen as invalidating her feelings, at least in so far as her feelings can be taken as an expression of her interpersonal reality. Indeed Gergen (1994) has recently argued that mental health terminology may lead to a kind of 'cultural enfeeblement' of the patient in which they are led to believe that the source of their difficulties lies within themselves and not in their relationships or the outside world. To the degree that she does not see her own feelings as valid she is similar to the other non-disclosing participants. However it does not appear to be a cause of shame in the same way as it is for the other participants. This is presumably because the 'therapeutic' discourse that seems to have enveloped her

self-understanding is broadly accepting even if it weakens her purchase on the external world.

A possible effect of this self-referential form of self-understanding is that, even while she does not express much concern about being alienated from other people, she does frequently seem to be alienated from her own emotional experiences. In the absence of an external framework of meaning she seems to see herself as a kind of battleground in which conflicting emotions, thoughts and obsessions struggle to take over her mind. As she puts it at one point in the interview:

‘I can’t find any space in my mind, in my own head which is just mine, and where there’s nothing coming in on it, or taking it away’.

However by attempting to disengage herself from the contents of her psyche she may become even more alienated from the outside world and any meaning in it.

It is perhaps in this context of ‘cultural enfeeblement’ that her attitude towards disclosure begins to make sense. If most of time her experiences have no interpersonal meaning (or illocutionary force in the terms used by Harré, 1991) then it is possible that the disclosure of extreme acts such as threatening suicide and physically harming herself is a way of breaching this hall of mirrors of and compelling another person to respond to her directly.

If this tentative analysis is correct it suggests that the meaning of disclosure and non-disclosure may depend on how disclosure is construed within a particular community. This is consistent with some work which has demonstrated that practices of emotional disclosure vary considerably cross-culturally, and that emotional disclosure and non-disclosure has different implications in different cultures (Georges, 1995). It was suggested above that disclosure of deviant emotional experiences and acts might function differently in this participant's therapy-influenced subculture compared to how it might work in the wider community. In the mental health subculture disclosure of deviant experiences might well function (for the patient) as a ritual of re-engagement with other people, whereas people in the wider community might construe such disclosures as giving others the grounds to reject them or disparage them. It appears, then, that generalisations about mechanisms of disclosure may fail to account for local variations in the meaning of disclosure.

P37

Like P25, P37 did not refer to any of the typical reasons for non-disclosure alluded to by the other participants. There were no references to anticipated negative responses by other people and no references to shame or any of the other self-related reasons for non-disclosure. As a negative case P37 would appear to require less explanation than P25. She said that the reason she hadn't told anyone was simply because she hadn't yet seen her partner, but she would tell him when she saw him later in the day. She added that if it had been a really bad emotional experience she would have phoned him. This participant recorded

another emotion that she did disclose to her partner, and she said that ‘I just always tell him everything’. Consequently the undisclosed emotion does not seem to be of the same order as the undisclosed experiences reported by most participants – in P37’s case it is only undisclosed because she hasn’t yet disclosed it. P37’s disclosure dynamics would therefore appear to belong with those whose tendency is to disclose rather than with the non-disclosers considered in this chapter.

Both P25 and P37 said that non-disclosure did not have any effects on their relationships with other people.

Discussion

The qualitative interview study reinforced the conclusion of Chapter Four that shame may play a significant role in psychotherapy patients’ emotional isolation. Many participants readily agreed that they thought they would feel shame if they disclosed. Shame was also often implied in the other reasons that participants invoked for keeping things to themselves. These reasons included fear of being blamed or judged, fear of shattering a valued identity they have established in their relationships with others, a sense that it was wrong to have the feelings and experiences they had, and a fear of being misunderstood.

The context-focused examination of shame and disclosure decisions conducted in this study suggests that psychotherapy patients were deeply concerned with whether they could be valued or understood by other people. This impression

was reinforced by comments that participants made in the interviews about not fitting in, remarks which occurred separately from their comments about why they did not disclose or what the effect of non-disclosure was:

‘I feel perhaps not part of it’ (P14).

‘I do get that feeling a lot. I do get that feeling a l-, “Why am I here?”
And if I’m pissing everybody else off, including my wife, uh, you know,
why have me here, you know, what’s the purpose of me being here?’
(P17).

‘why can’t I be normal?’ (P24).

‘because of my situation I feel that I am on my own, just put to one side’
(P38).

Participants often spontaneously mentioned how they thought of themselves as unworthy or inadequate people:

‘I think my problem is lack of self-esteem, uh. I’m not very proud of the
uh, the way I conduct myself’ (P4).

‘I feel as if I’m a failure basically. As if I’ve failed. This one, where it’s
really personal to me, where I can’t deal with it’ (P10).

‘I just felt dreadful about myself. I mean I, I can’t even begin to tell you. I hated myself as well, I suppose’ (P30).

‘[what exactly did you feel guilty about?] Everything, about the way that I am, about me’ (P15).

These comments reinforce the findings of both the quantitative and qualitative elements of the study which indicate that psychotherapy referrals are very concerned with how they fit in with other people – or indeed how they appear to be unable to fit in. While this emphasis on the social elements of psychological distress chimes in with some recent thinking about the nature of psychopathology (e.g. Gergen, 1994; Riikonen and Smith, 1997; Parker et al, 1995; and see Chapter One) it cuts against the notion that these individuals suffer from disorders which can be understood outside the social context in which they operate. In this sense the findings also move the research on shame and psychological disorder on from the assumption that disorder results from an intrapsychic affective bias which predisposes the individual to experience more shame than normal regardless of the circumstances (see Chapter One).

The findings of the qualitative interview study put some flesh on the bones of the diary study’s finding of an association between shame and imagined disclosure (Chapter Four). In the quantitative part of the study it was found that a majority of undisclosed emotions were associated with shame at the thought of disclosure. In the qualitative part this was replicated but it was found to be part of a constellation of imagined negative social outcomes associated with non-

disclosure. The association between shame and imagined negative social responses is reminiscent of H. Lewis' (1971) model of 'superego' shame (see Chapter Two) in which a major part is played by the shamed individual's imagination of negative and humiliating social responses. The current findings support this view of shame and underline the utility of the notion of a subtle form of 'marker' shame being implicated in psychological disorder. The current findings show vividly how this kind of shame impacts on the everyday practice of 'socially sharing' one's emotional experiences (see Chapter Three).

It is not possible to know exactly how accurate participants may have been in their anticipations of a negative response to disclosure in the cases of non-disclosure. However the fact that very few participants reported disclosures which were met with a negative response, while over one third reported disclosures which met with a positive response (see Chapter Seven) suggests that participants may have been reasonably judicious in assessing how people would respond. This suggests that in future research greater attention could profitably be paid to the responsiveness of the social context of psychologically distressed patients and the 'normative' evaluations their experiences, if known, would receive.

The qualitative findings also indicate that non-disclosure may contribute to a potentially escalating cascade of alienation. Many participants' tendency to become irritable, aggressive and withdrawn seemed to put significant stress on relationships, causing their partners considerable distress. It was possible to infer in some of the interviews that 'difficult' behaviour associated with non-

disclosure might in itself lead to negative judgements from other people – for instance P2, who said that other people thought she was just a really ‘miserable’ person. Consequently the attempt to avoid being judged or labelled by other people might actually lead to behaviour which is itself ‘unaccountable’, regarded as deviant, and labelled accordingly (ultimately perhaps with psychiatric diagnoses).

Overall the current study marks an important first step in finding out *how* shame contributes to psychological disorder and distress. The findings point the way towards an increasingly social understanding of psychological difficulties and of the role of shame within them.

So far the data also seem to be supportive of the Goffmanesque perspective on disclosure, and the related ideas of Kelly and McKillop (1996) and Finkenauer et al (in press). Participants’ decisions to withhold information seemed to be significantly related to their desire to avoid shame or embarrassment and negative perceptions by others of themselves. However there was some evidence of factors associated with guilt and harming others playing a role, which is consistent with the observations of H. Lewis (1971) that shame and guilt frequently co-occur. There was also the possibility that some emotional experiences might be inhibited simply because they were painful in themselves, and not because of considerations relating to identity and how others would perceive the self if disclosed.

The negative case analysis suggested that the association between non-disclosure and threat to identity may be culture-bound. A participant who atypically seemed to live in what was termed a 'mental health sub-culture' did not appear to inhibit disclosure for the same reasons as other participants. It was suggested that this was because disclosure had different implications in her social context, i.e. it was not threatening to her identity, but at the same time may not have been regarded as a 'valid' response to her environment.

Chapter Seven

The Benefits of Disclosure: Helpful and Unhelpful Disclosure Experiences Reported by Psychotherapy Patients

Introduction

In this chapter data from the interviews concerning the actual experience of disclosure will be examined. The aim of the chapter is to explore in greater detail the context of the diary participants' experiences of disclosure and to pay particular attention to the social factors that may have mediated the outcome of these disclosures. This chapter is also intended to examine whether the Goffmanesque themes that seemed so relevant to the non-disclosure of emotional experiences by psychotherapy patients also apply when the emotions are disclosed. In order to ground the analysis in the existing literature and to pay attention to alternative theoretical explanations of the data (as advocated by Yin, 1989) an attempt will be made to identify material in the interviews which supports two alternative theoretical explanations of the benefits of emotional disclosure. These are the inhibition and the cognitive assimilation models which have been outlined in Chapter Three. Currently these models appear to be the dominant theories in the literature on the benefits of emotional disclosure.

Similarities between participants who disclosed and those who did not

An initial question concerns the degree to which participants who disclosed had similar preoccupations to those who did not. If their preoccupations were entirely different to non-disclosing participants then that might suggest that quite separate theoretical constructs need to be developed to account for their disclosures. If this is not the case, and their concerns are similar, the Goffmanesque perspective that emerged in the previous chapter may be extended to account for the outcomes of disclosure as well as the reasons for non-disclosure. Some participants - about one quarter (26.5% 9/34) - reported instances of disclosure as well as instances of non-disclosure in their diaries. However 20.6% (7/34) participants reported only disclosed emotional instances and exactly 50% (17/34) reported only undisclosed emotions. In this section of the chapter an attempt will be made to see whether disclosing participants had similar concerns about disclosure to non-disclosing participants. Having done that comments by non-disclosing participants about when they *would* disclose will be considered.

The ambivalence of disclosing participants

Four participants – participants 3, 6, 11 and 31 - were the most prolific of the disclosers who found talking helpful. All of them disclosed more than one emotion and described these disclosures as helpful to them and none of them recorded an emotion in their diaries that they did not disclose. Of these four, three indicated clearly in the course of their interviews that disclosure was difficult for them because of the kind of response that they anticipated:

‘It’s terribly tempting when you’re so far down the road with abuse to think “Well aren’t they a little bit sick of hearing about this and aren’t I a little bit sick of talking about it”’ (P3).

‘There’ve been times when I’ve actually written the flashbacks down and I’ve hidden the paper, so she couldn’t find it like, because I didn’t know how she would react to what I’d put down’ (P6).

‘I’d also sort of um, was aware that I tend to put on a front, so, uh, that I’m perfectly alright, and so I was frightened that I’d given her the impression that I was perfectly OK ... So therefore she wouldn’t believe me. I’m never believed’ (P11).

Another participant who disclosed (P20) expressed a fear of being judged and misunderstood if she discloses. Clearly for her disclosure is something she does quite selectively:

‘I mean most of my friends will phone up and say “How are you?” Because they know I’ve been uh, a bit uh, crazy. And uh, they’ll come round and see me, but I won’t tell them things ... I think some of them would be a bit judgmental ... And they wouldn’t understand about, the sort of things that upset me’ (P20).

Since there were only seven participants who *only* disclosed the emotions they recorded comments of this kind were made by over half of these individuals (57.1%). These comments tended to be made by the participants who elaborated more in their interviews so it is possible that the remaining three participants experienced fears of this kind but did not voice them in the interview.

Participants who had failed to disclose at least one other emotion for the reasons discussed in the previous chapter were responsible for the remaining instances of disclosure. This suggests that a majority of participants who disclosed did so in spite of experiencing similar pressures to withhold as participants who remained silent.

The ambivalence of non-disclosing participants

Returning to the non-disclosing participants whose many reasons for not disclosing were discussed in the previous chapter it appears that, perhaps surprisingly, many of them were prepared and even willing to disclose given the right circumstances. A striking example of this occurred in the interview with P24 who had not disclosed any of the four emotions she recorded in her diary. Throughout the interview she seemed one of the strongest advocates of secrecy. However right at the end of her interview she revealed that the effort associated with this was beginning to tell on her:

‘I still feel, you know, who knows whose hands it falls into. By some coincidence it could be someone who knows the family and they put two and two together, and more or less can put a name to it. So I think “Oh

Jesus!” But what’s the point? I’ve kept it together for so long, but lately I find it’s sort of pulling me apart keeping all these things to myself. It’s really, I feel my brain cells have been scrambled or something. And I feel as if, I just want to tell someone once and get it over with. You know get it off my brain’ (P24).

Given the negative aftermath of non-disclosure that emerged in the analysis of the effects of non-disclosure in the previous chapter it is perhaps not surprising that participants would be interested in finding a way out. However an important pre-condition – that for these participants had not yet been met – was finding the right person to talk to:

‘I think by sharing it now, looking at it now, I think by sharing it I think I would feel a lot better. By sharing it now, you know, with the right people’ (P22).

‘Until I’ve got somebody I know I can trust, and say, you know, enough’s enough, I want to spill the beans. But until I get that I just bottle it up inside’ (P26).

The precise characteristics of the right person seemed to vary between participants. P38 and P12 indicated that they thought they could confide in a mental health professional:

‘Uh well I suppose really to talk to anybody about it, you know, like somebody like yourself or a psychiatrist. I suppose in a way if you get it off your chest to somebody that can relate to this type of thing’ (P38).

‘I find it harder to talk with family or friends. I mean I, they obviously know that I’ve had problems, but to break it down and talk to them about emotions, but, I’d really find it hard. Whereas a doctor or, um, my CPN¹, I don’t because well they know what they’re talking about for a start I suppose, and also they, it’s how they ask the question, you know, that, that makes it easier to give an answer out’ (P12).

A slightly different emphasis, though one not incompatible with talking to a professional, was made by participants who stressed that they could only talk to someone if they were a stranger who was not involved in the rest of their lives:

‘I’d have to be in an environment where I didn’t know the person. Uh, or they didn’t know me ... Where I don’t, I haven’t got to justify myself to people’ (P10).

‘[What would have to be different for you to tell somebody about this?]
Um, they’d have to be people who aren’t connected, who aren’t...
Strangers’ (P23).

¹ Community Psychiatric Nurse

‘The only person I could tell is, maybe like a, like someone at the clinic. Because once I leave, I sort of cut myself off. It hasn’t happened. I haven’t said anything. It’s not someone that I knew personally. I don’t feel involved. That’s the only way I could. Otherwise there’s nothing that would make me, let anyone know my true emotions or feelings’ (P24).

A third qualification was having had similar experiences to the participant. A number of participants thought that if someone had experienced the same difficulties as them then they would be able to understand:

‘If I’d have told them [clears throat]. I’d tell select people. I would only tell people that cared about me. Um. People I know. I’d probably tell my sisters. Not all my sisters. I’d tell a couple of my sisters, simply because, um, both, both them, two of my sisters are going through the same thing by the same person. They’re going through the same thing. So, I could probably tell, talk to them about this and I wouldn’t be ashamed. You know, outsiders I wouldn’t tell at all’ (P7).

‘I guess if someone’s in the same position. If I felt with somebody close to them, it certainly would have to be somebody close to me, but if I felt somebody’s background was similar to my own, I could probably say I could feel bad about [inaudible]. So, I feel as though they might understand because they have their same feelings perhaps’ (P14).

While there appears to be a contrast between those who could only tell outsiders versus those who could only tell someone who had been through the same experience, each of these desirable recipient characteristics would appear to reduce the possibly destructive impact of disclosure on the participants' identities.

To summarise, non-disclosing participants seemed interested in disclosing if only they could find the right person. At the same time disclosing participants reported similar anxieties regarding disclosure as those who did not disclose. When put together these two elements raise the possibility that disclosing and non-disclosing participants may differ more in the availability of appropriate confidants than in the motives and concerns that drive their disclosure behaviour.

The socially mediated benefits of disclosure

In this section material in the interviews pertaining to social factors and social outcomes of the disclosure experiences reported by the participants will be considered. The analysis will deal firstly with the behaviour of the recipient, before moving on to the effects of this behaviour on the disclosing individual. The section will end with a consideration of the effect disclosure had on the relationship with the recipient.

Understanding and supportive responses

Participants who reported an experience of helpful disclosure reported that the recipient of the disclosure responded in a highly positive and accepting manner. They sometimes spoke about how the recipient had been ‘understanding’:

‘When I told him, he understood everything about it. He understood completely. And he was very reassuring’ (P3).

‘Um, sympathetic. Understanding. Uh, he’s prepared to listen’ (P20).

‘And he just goes “Oh look at you” because he knows what I’m like. So he understands in a way’ (P37).

These comments are of course reminiscent of the fear expressed by non-disclosing participants that others would not understand. Other participants stressed how supportive their recipients had been:

‘I think the reality is that I thought she is supportive of me, and knows there are reasons for the way I feel’ (P11).

‘Supportive ... Um. Yeah, I just felt she was really supportive of me’ (P15).

‘I think well actually one of my project workers ... she just said that she was very pleased that I was assertive enough to be able to speak about it, you know, whereas before maybe I wouldn’t have been able to ... And

being able to talk about it makes you a stronger person. And she was praising me for it. And she said she did feel that you know maybe I was making that breakthrough to be able to talk ... She's very supportive our [name] [laughs] ... Yeah she was giving me encouragement that if in the future it happened again I could talk. Yeah, you know it wasn't anything to be ashamed of or anything' (P27).

In some cases the recipient appeared to affirm the legitimacy of the participants' actions or points of view:

'[Sighs]. Boy did I have mixed emotions on it. Like I said before uh, um, I still felt stupid, but uh, ah, I started listening to what she had to say, cos she said it, from what you tell me it's not all your fault' (P17).

'I could say that she feels sorry that this is all going on, but, and uh, she felt uh, sort of anger, for me ... you know, she thought I was right to feel angry. You know, so, you know, because she, I says to her "I'm so angry", and she says "You have every right to be"' (P31).

Or in the case of P29 share the fact that they have been through the same experience:

'Um, they can tell me, you know, sometimes it happened to them as well, you know ... it's not only myself' (P29).

The supportive responses of the recipients when the disclosure was helpful contrast with those received by participants who reported unhelpful disclosures. Although there were only four participants who reported unhelpful disclosures, in three of these cases the recipient appeared to respond in an unsupportive manner (the one exception will be considered later in the section on negative cases). For instance P3 described how her husband responded to her in a 'dismissive tone' and was 'pretty pissed off' with her. P13 said that she was unsure about how her mother felt towards her when she disclosed and stated that her mother, the recipient of her disclosures, 'just doesn't, she doesn't take notice of me'. She also says that her mother tells her 'You should stand up for yourself for a change' implying rather unsympathetically that the participant's difficulties are her own responsibility. P26 says the recipient of her unhelpful disclosure tried to give her advice, which she did not want to take, and also seemed to think of her in a less favourable manner since she disclosed.

Overall 71.4% (10/14) of the participants who reported a helpful disclosure described how the recipient responded positively and supportively to them. The four negative cases involve two (Ps 13 and P30) where the helpful aspects of the disclosure seemed only just to outweigh the unhelpfulness of the participants' response. P13's 'helpful' disclosure was remarkably similar to her unhelpful ones (see the previous paragraph) and P30 described how the recipient – in this case also her mother – seemed to accept her disclosure without really acknowledging or validating her:

‘just like this “Oh, well you know, and uh”. Like it was all, I don’t know it is very difficult with my mother to know what’s going on’.

There were two other instances of helpful disclosure when the response of the participant did not seem important. Both of these involved expressions of anger and they will be discussed in more detail later in the chapter. Of the unhelpful disclosures 75% (3/4) seemed to involve invalidating responses from the recipient. In summary it appears then that the helpfulness of disclosure in this population is strongly determined by the warmth and supportiveness of the recipient’s response.

Validation

The fact that participants felt validated by the recipient when the disclosure was helpful is strongly implied in their comments about the understanding and supportive responses they received. Some participants commented that they valued the responses they received in ways that underlined this:

‘It’s getting um, it’s getting to feel that these emotions are reasonable. It’s when somebody says “Yes, that’s right, you’re bound to feel like that”, you think “Oh good, that alright, I’m in reality, that is a normal emotion”, and uh, you feel more validated. The feelings are validated’ (P3).

‘Well I suppose it’s a sort of, some sort of feeling of relief I suppose ...

Just sort of better in myself that at least I told her, and at least she can see my point. You know, where he couldn’t’ (P31).

‘... it helps to know that there’s other people there. That people can say

“Yeah I feel that sometimes”’ (P6).

P6 talked about how his wife’s response to his disclosure of a specific incident associated with his abuse meant that he no longer felt he had to justify himself:

‘It just gave me the proof I needed that I can tell her things ... Um. It made me feel that I don’t have to justify myself to not only my wife but to anybody. [Inaudible] what I’ve been through. It was bad. I’m having trouble coming to terms with it, but, the only one I’ve got to really justify it to is me. You know, it’s ... There are times when I actually think well you know, OK yeah it happened but was it as bad, not as you make out, but as everybody else makes out. There are times when I’ve thought yeah like deep down [inaudible]. Then the society side of it comes in where it’s it’s you know the shame from [inaudible]. Well I was brought up a Catholic, so I’ve got all that Catholicism running around my head, even though like I’m very, very lapsed. I haven’t got to justify myself to anyone you see’ (P6).

This quote suggests that what is important for this man is finding a shared sense of reality in which his experiences do not stigmatise him. In the previous chapter

the pervasive sense of failure and stigma of the non-disclosing participants was described, and earlier in this chapter evidence was presented suggesting that non-disclosing and disclosing participants had similar preoccupations with how others responded to them. It seems, then, as though feeling socially valid may be a central element in beneficial disclosure for this population.

This conclusion is consistent with the material on unhelpful disclosures.

Participants whose disclosures were not described by them as helpful did not appear to feel more socially valid as a result of their disclosures. P3 vividly illustrates how she felt increasingly alienated when her husband fails to respond supportively to her one unhelpful experience of disclosure:

‘I felt abandoned by him. Um, which was which was the feeling that I was trying to avoid. That was what I was so frightened of was being abandoned by the whole of society, and having to take off to some far away place’.

She also says that his response made her ‘insecure’ because:

‘if he wasn’t there for me, then there was no one there for me really. And I felt insecure in the extreme anyway, and I desperately needed a line, sort of to hang on to, and he, and he just wanted to go to sleep’.

P13 continued to feel more and more angry about how her friends let her down, suggesting that she continues to feel socially invalid. P26 as noted above believes

the friend she spoke to now sees her in a completely different way and does not speak to her so much. A similar picture emerges in the two interviews which were somewhat but not very helpful, those of P30 and P13. P30 emphasises how limited the helpfulness of the disclosure was by talking about how her mother (the recipient) was unable to recognise and respond to her needs. As she says in a somewhat bitter aside: ‘if I think, you know, about the number of times this particular thing has happened, and me rushing to hospital because of something my mother did with my food’. P13’s apparently helpful disclosure was similar to her unhelpful ones both in its form and its outcome and there is no evidence that she feels more socially valid as a result of it. So far, then, feeling socially validated as a result of the understanding and supportive responses of the recipient seems to be the pathway to beneficial disclosure for these participants.

Disconfirming negative social expectations

Some participants made it clear that their sense of enhanced social validity challenged their expectations about how other people would respond to them. In these cases it seemed very clear that the supportive feedback offered by the recipient helped to deconstruct the negative social expectations which as we have seen characterised disclosing participants as well as those who did not disclose. This was very evident in the case of P6:

‘But when I tell I mean I write it down on the emotions, and I actually told her the flashback. And she says to me, “Is that all?” You know, it wasn’t done in like “Oh well, you know, your abuse doesn’t matter blah-

di-blah”. It would have done like “Well, what did you expect me to do?”
You know, “Pack up and leave?” sort of thing. She says “Is that all?”
Which made me feel pretty good. That it wasn’t that bad after all, even
though it seemed like the biggest, darkest black secret, it wasn’t
[inaudible]’ (P6).

He contrasts this with how people have responded to him in the past:

‘... everybody in the past I’ve confided in has either used it against me or
just left me cos they can’t handle it. It’s not the sort of secret you can just
tell somebody and they’re “Ah well, not to worry”. You know, society’s
made it a taboo subject’ (P6).

His wife’s response appears to offer him a social context in which his abuse does
not have to be a ‘black secret’, where it has no impact on how he is seen. P11
described a similar dynamic:

‘How I feel is that she must think I’m stupid as I think I am, but I know
that isn’t the case. Um. So I think the reality is that I thought she is
supportive of me, and knows there are reasons for the way I feel’ (P11).

P27 spoke about how she was surprised to find her recipients accepting of her
feelings:

‘Because it was just, basically over getting keys for my flat and that was, and the man said I couldn’t have them on that day, I’d still have to wait and these two women know you just have to wait, there’s nothing you can do, it’s no use sort of crying and talking about it. But they didn’t actually feel that way. Cos once I did talk about it they were more than willing to help, but this is the idea sort of coming in my head, thinking they’re going to think I’m really stupid, and there’s no need going on about it, so I, it’s just a case of I have to wait, I can’t do anything about this’ (P27).

P3 talks about how disclosure helps to ‘lift away’ the embarrassment, alienation and isolation associated with her emotions which also implies that when she receives a positive response her expectations of stigma and rejection are deconstructed:

‘I think that all painful emotions are, and especially ones about sexual abuse, have a tinge of embarrassment about them. All your emotions are sort of slightly tinged with embarrassment. And um when you talk about it, it lifts away the embarrassment, because the embarrassment is the secretive part and once you’ve talked about it, that takes that away. Do you know what I mean? [Yes, yeah]. And also a lot of the pain is alienation and isolation. That, that’s where the pain comes in. And if you talk about it then obviously that’s decreased’ (P3).

P3's positive experiences of disclosure also contrast with her negative experiences in the past. She says that when she first disclosed the fact that she was abused her mother had been 'completely unsupportive'.

It is not clear whether all the participants who disclosed helpfully found their negative interpersonal expectations challenged in this way. Nevertheless it is plausible that these disconfirming experiences were particularly therapeutic since they represent a change in both the subjective and objective aspects of the individual's social context. At the subjective level the individual changes their expectations of other people in their social world (which may make it easier to access support). However there appears to have been change in the real world since other people are being supportive and understanding, in contrast to the unsupportive responses of others in the past mentioned by some participants.

Strengthening relationships

Helpful disclosure seems often to have strengthened the participants' relationship with the recipient. Many participants commented that it had led to increased trust in the relationship:

'depending on how supportive they are is how much you feel about them at that moment in time. It's terribly connected to how much you love them. If you think that they're going to completely support you then you can really sort of um feel that everything is validated, your relationship with them, your trust, everything' (P3).

This sense of trust seemed to be related to being more confident that the recipient will value them and support them, a fact which often seems to be implicitly or explicitly contrasted with a prior reality in which they have not been valued. The following responses were made to the question ‘What effect do you think talking about your feelings had on your relationship with the people/person you told?’:

‘Oh, they improved. They improved it. [In what particular way?] In the way that it you know, it’s security, it’s knowing that whatever happened in the past with like whoever’s harmed me in the past, he’s always going to be there. And when we talk about the future that that increases my trust. So I don’t feel frightened, little girl any more, you know’ (P3).

‘It’s made it a little bit stronger ... The more I, she needs to trust me again, and the only way she can trust me is by me telling her things um, trusting her [inaudible]. It has helped. I don’t think there’s anything that I’ve said about the abuse that’s come in our way’ (P6).

‘I think it strengthened it. Every time I talk to her it strengthens the relationship. And it helps me to trust, and to realise that that trust isn’t going to be abused’ (P11).

‘I think probably it brought us closer together. We’re starting to become friends again’ (P17).

‘It’s just brought us closer, it does each time I talk. I mean I’ve done a lot of talking while I’ve been in the project, but not about my feelings, it sort of just brought us that little bit closer ... You know, we understood each other a bit better now’ (P27).

Some participants said that there had been no effect on their relationship with the recipient. This seemed to have been because the recipient was already a very close and valued friend. P37 who ‘always tells [her boyfriend] everything’ says that disclosure had no effect on her relationship with him because ‘It’s just a normal thing, you know’. Other comments in this vein were made by Ps 20 and 31:

‘Nothing, because he’s just a friend. You know he’s helpful to me. I don’t know what I’d have done without him in the um, last six months’ (P20).

‘I can say it makes us closer, but we’re good friends, so [So you’re close already?] Yeah. [It keeps you close?] Yes, yeah. Mm’ (P31).

Overall 50% (7/14) of the participants who recorded helpful disclosures said that the disclosure had strengthened their relationship with the recipient in this way. If the four participants whose helpful disclosures appeared to be atypical (either of a completely different nature as in the cases of Ps 5 and 36, or not in actual fact very helpful, as in the cases of Ps 13 and 30) then 70% (7/10) of the prototypical instances of helpful disclosure had positive effects of this kind. Those who did not report benefits in the relationship (with the exception of the

four atypical cases) implied that this was because the relationship was already very strong.

In contrast to the helpful experiences of disclosure the unhelpful instances of disclosure did not seem to lead to any interpersonal benefits. Three of the four participants who reported unhelpful disclosures said that they did not know what effect disclosure had had on the relationship. However in one of these cases (P26) they said that they were 'not as close' as they used to be with the recipient. P3 said that the unhelpful instance of disclosure did not do 'much good' to her relationship with her husband. She describes how 'It made me hate him intensely at that moment' and made her insecure at a time when she 'felt insecure in the extreme anyway, and ... desperately need a line, sort of to hang on to'. It seems then that when disclosure was unhelpful any effects on the relationship were negative.

The data above on the effects of emotional disclosure on relationships with the recipient suggest once again that social factors play a major part in the dynamics of disclosure and its helpfulness. Helpful disclosure seems to ground the individual in a social reality in which they consider themselves valued and valid. This is perhaps especially significant for participants such as the psychotherapy patients in this study who have had to struggle with experiences and emotions which appear to be hard for other people to understand.

Summary

Overall a strong picture of the social elements involved in helpful disclosure seems to be emerging. Firstly participants emphasised the positive responses made to them by recipients. Secondly the benefits of disclosure seemed to include for some participants the disconfirmation of negative social expectations, a feeling of increased validation, and a strengthening of trust in the relationship. These social aspects of helpful disclosure are consistent with disclosure functioning as a means of re-embedding the individual in a valuing and validating social reality. This conclusion is supported by the fact that these social factors did not seem in general to be present in the few cases of unhelpful disclosure reported in the study. However one exceptional case (P19) will be considered later in the chapter.

Shame and disclosure

So far the experience of shame as a result of disclosure has not been considered. In the previous chapter participants were reported as saying that when they did *not* disclose the thought of telling anybody often made them feel stupid, silly or ashamed of themselves. Participants who had disclosed an emotion were asked whether talking about it actually did make them feel stupid, silly or ashamed of themselves. What they said is presented and discussed in this section.

Three of the four participants who described unhelpful experiences of disclosure said unequivocally that talking made them feel ashamed. P3 said that she felt stupid, silly and ashamed, and Ps 19 and 26 said they felt ashamed. The remaining participant who disclosed unhelpfully said (for one of the two

instances of unhelpful disclosure that she recorded) that she felt 'a bit stupid'. When the interviewer asked her if she had felt at all ashamed of herself as well she replied 'I just felt horrible. I just felt horrible about myself'. This suggests that although she chooses not to use the word shame she does experience powerful negative feelings about herself, feelings that are perhaps quite similar to shame. These comments suggest that disclosing unhelpfully may have maintained these participants' sense of social disqualification.

Helpful experiences of disclosure sometimes did not seem to involve feelings of shame, with some participants saying that they felt no shame when they disclosed helpfully:

'[Right, OK. Um. And did talking about it make you feel stupid or silly or ashamed of yourself in this particular case?] No, not at all' (P3).

'Um, I talked to someone I trust, you know, I don't feel any, you know, ashamed' (P29).

'[And did talking about it make you feel stupid, or silly or ashamed of yourself?] No. I felt OK about it all' (P31).

In these cases the participant seemed to have been disclosing to someone who was already a tried and tested confidant. In other cases, though, participants did seem to feel ashamed or embarrassed:

‘It made me feel silly that I’ve that I couldn’t tell her anything. And it made me feel that I need to confide in her more, not be so stupid about hiding things from her’ (P6).

‘... I felt stupid for feeling the way I did. Looking at it in the cold light of day, it just seemed like really childish and um, unreasonable’ (P11).

‘I felt a bit, a bit ashamed really, or embarrassed and that. Um, cos after talking about it it seemed so silly. Um, you know it was like, it wasn’t like I was going to be on my own for ever’ (P15).

‘[Did talking about it make you feel stupid or silly or ashamed of yourself?] A bit ashamed that I’ve got myself in, in a mess’ (P20).

‘[And did talking about it make you feel stupid or silly or ashamed of yourself?] No. I felt a bit um, self-conscious, as if I was being stupid over the actual why I was getting angry over it ... But once I started talking I was fine’ (P27).

‘I felt silly ... Because I think anyone would’ (P37).

The shame and embarrassment these participants felt often seemed to be related to the inaccuracies of their social expectations – the fact that while they had expected rejection or censure from others actually they have met with support and understanding. In this sense shame of this kind seems to be associated with

the pattern of disconfirming negative expectations which, as noted above, seemed to be an important aspect of some helpful disclosures. Shame in this context is reminiscent of Ward's view that 'Unless one feels shame to some extent, one cannot emerge from any well-worn pathological behaviour pattern' (1972, p. 232). It is possible that shame of this kind has what Harré (1986) calls 'illocutionary force' and actually enhances the participants' acceptance by the other person (see also Keltner, in press, Castelfranchi & Poggi, 1990).

It is notable that the shame described by participants talking about helpful disclosures seems to be less intense than that described by those talking about unhelpful disclosures. Most of the comments by participants who found their disclosure helpful refer either to mild shame or to something that may well be more embarrassment than shame (feeling 'silly' or 'stupid'). However in two cases of helpful disclosure the shame that the participant felt appeared to be somewhat more intense. In both of these cases the participant described how the disclosure could have led to a negative outcome since their shame seemed to perpetuate their sense of inadequacy and social disqualification. P11 describes how her realisation of the inaccuracy of her social expectations leads to shame about her apparent over-reaction:

'I ... felt stupid and embarrassed because I look at it and I think, how on earth did I get from there to sort of you know feeling the way I do about here, something that seems like so trivial as somebody just saying you know these are the options that we can offer you. But I've come to getting from there to feeling so like ashamed with myself and, and you

know, feeling so hopeless and what's the point, uh, so I felt embarrassed and ashamed about that, which is you know just going in circles again' (P11).

For P19 there appears to be some doubt in his mind about whether his behaviour is justifiable in spite of what his wife says:

'[So, um, did talking about it in this case make you feel stupid or silly or ashamed of yourself?] Well yeah all of the above, you know. Yes. It ... Yeah, but if I didn't talk about it I would still have felt the same way, you know. Uh. I just had mixed feelings. Some, OK, I could see what my wife was saying. Others, you know, I was saying to myself, you know, well I should have known that anyway' (P17).

In these two cases stronger feelings of shame seem to be associated with lingering feelings of alienation and social disqualification.

Overall 57% (8/14) of those who said that their disclosures were helpful said that they felt either silly, stupid or ashamed of themselves, while all of those who described unhelpful disclosures seemed to feel either shame or in the case of one of them 'horrible' about herself. While the finding that unhelpful disclosure is associated with shame is not unexpected the finding that positive disclosures are also associated with some shame (as well as embarrassment) is suggestive of an illocutionary or appeasing interpersonal message associated with shame (see Appendix 1). However the cases of P17 and P11 suggest that it is possible for the

supportive responses of others to lead to feelings of shame which underline the individual's sense of inadequacy rather than alleviating it. Failure of recipients to appreciate this might in some cases run the risk of subverting the benefits of otherwise supportive responses.

Alternative theoretical explanations for the benefits of disclosure

Having established that social factors consistent with the Goffmanesque approach to disclosure appear to play an important role in the disclosure experiences reported by participants an attempt will be made to examine the data in the light of two other theories. These are the two main theories that have been put forward in the literature to account for the benefits of emotional disclosure (see Chapters Three and Five).

The benefits of disclosure: the inhibition model

The inhibition model of the benefits of disclosure, first introduced in Chapter Three, is based on the idea that the inhibition of thoughts and feelings is harmful. Consequently disclosure is regarded as beneficial because it terminates the stress associated with inhibition. Two kinds of harmful inhibition were noted in Chapter Three. In the first of these, associated with the work of Wegner (e.g. Wegner and Lane, 1995) cognitive inhibition was thought to lead to intrusive re-experiencing of inhibited thoughts. A second kind of formulation of the inhibition model regarded inhibition as physiologically effortful and therefore harmful to the individual's health (see Pennebaker, 1993; Traue, 1995). In this

section participants' accounts of helpful disclosures will be examined for evidence that the benefits of disclosure arise from the 'release' of the tensions – whether cognitive or physical – of non-disclosure.

Diminished intensity of the feeling. Participants sometimes stated that one of the helpful aspects of disclosure was that it reduced the intensity of the feeling:

'It alleviated the intensity of the feeling' (P3).

'Just sharing it with someone made it feel a lot better' (P15).

'It's like I'd suddenly told them all that was on my mind, so all that had cleared' (P27).

'I could get it out and tell somebody. And I think that sort of like, to a certain extent lessens the frustration and anger' (P31).

'Letting go'. Some participants stated quite directly that the benefits of disclosing included a kind of 'release' of pent-up emotion:

'There comes a sort of point where the emotion becomes unbearable and you have to release it in a verbal way ... So when I decide to talk about it there is a sort of build up of tension and then it breaks as you sort of release the emotion through telling about it' (P3).

‘I was just able to get it out rather than bottle it up inside’ (P15).

‘If you keep, keep holding stuff in sooner or later something’s going to give, I think, and it could be to the point where somebody gets hurt, or even I get hurt, and uh, in ways I could hurt every, hurt the ones I love, especially my wife, you know. So, uh, no, it’s good to get it out of my system’ (P17).

‘I don’t go into great depth of detail, but I can tell him enough to sort of unburden myself a little bit, and that, you know, usually is, usually helps’ (P20).

‘I was talking to this man on the phone and while I was talking to him these feelings were building up at the time, and I just felt like just bursting into tears and I thought I’ve got to talk it out first, and then cry after or whatever ... it was very helpful to do that [tell friends] because once I sort of released the thoughts that were on my mind as well’ (P27).

These comments suggest that for many of the emotions that were helpfully disclosed participants experienced a release of tension. At the subjective level then, there appears to be some support for the inhibition model of the benefits of disclosure.

Interruption of destructive ruminations. A number of comments by participants suggest that helpful disclosure released them from a negative cycle of ruminations:

‘I suppose if I didn’t write at all, or tell anybody it would have built up, and that’s when the mental explosion happens, and depression comes setting in and everything’ (P27).

‘It feels better for me to tell him, because then I’m not like thinking over it, or whatever’ (P37).

‘It stops you suppressing it, it stopped me from suppressing what I was feeling ... [And when you suppress it what do you think happens?] ... It just eats you up inside’ (P15).

Comments by two participants indicated that these ruminations may have centred on the participants’ sense of their own inadequacies and invalidity in relation to others:

‘So, talking has that import-, for me it’s that important block ... It stops the thought process. It, because, although I may feel sort of ashamed and stupid about being that way, um, that’s telling somebody it just seems to put a block between that and the thought process that would have carried on of feeling, what’s the point, so therefore why carry on?’ (P11).

P17 describes how one of the emotions he wrote about in his diary builds up in his mind before he discloses it:

‘It’s going through my head “Why did you do this. You’re so stupid”, you know “You don’t belong on this planet”. What’s going, I’ve had all kinds of different stuff going on in my head, you know ... I built it right up to the point where when I walked in the door I was more miserable when I walked in the door, than I was when I got the car, you know. Just stuff that was going on in my own head’ (P17).

These comments raise the possibility that what escalates in the participants’ heads is a cycle of despairing thoughts concerning their identity in relation to other people.

Conclusions. Instances of helpful disclosure seemed, at least for about half of the participants, to be experienced as a release of tension. This release appeared to reduce the intensity of the emotion and interrupt a cycle of negative thoughts and feelings. There was some evidence in the interviews that these processes of inhibition may in fact be subsidiary to social considerations. It may tentatively be suggested that what ‘builds up’ is the individual’s sense of alienation and social invalidity. This is suggested in the comments by P11 and P17 quoted above and is consistent with the inhibitory power of shame and identity related considerations which, as discussed in the previous chapter, seemed to play an important role in non-disclosure.

Ps 11 and 17 noted that interpersonal preoccupations lay behind the build up of their emotions. P11 talked about how one of her experiences of disclosure had reaffirmed her knowledge that her friend valued her:

‘It reaffirmed what I knew to be true. Um, and so therefore it meant that I didn’t churning it over in my mind all the time, getting bigger and bigger and more and more out of proportion’ (P11).

P17 relates the ‘building up’ of his emotion to his insecurity about how other people will respond to him:

‘It’s when you hold things in and you don’t talk it out, that’s when it really does the damage, you know, when you don’t say nothing, because you don’t know what it’s going to build up to. You don’t know what that person’s going to do’ (P17).

In conclusion while there is some evidence in favour of the inhibition model of disclosure, there are some tantalising suggestions that these inhibitory processes may themselves relate to interpersonal preoccupations – and specifically preoccupations regarding the individual’s damaged and invalid identity. This is consistent with helpful disclosures being helpful to the extent that they reduce the individual’s alienation and increase their sense of value in relation to others.

Benefits of disclosure: the cognitive assimilation model

The cognitive assimilation model stresses the extent to which disclosure of distressing emotional experiences enables people to ‘organise and structure the seemingly infinite facets of overwhelming events’ (Pennebaker, 1990, p112).

This process, as noted in Chapter Three, has also been regarded as a central mechanism of change in psychotherapy (Stiles et al, 1990). In this section material in the descriptions of helpful disclosures that appears to support a cognitive assimilation model of the benefits of disclosure will be examined.

Perspective. There appeared to be very few comments that fitted in with the cognitive assimilation model in the fourteen interviews. Only two participants who described more than one helpful disclosure appeared to regard greater clarity about their emotional experience as a benefit of disclosure:

‘... and it made me able to step away from the feeling a bit as well and look towards the future, and realise that however I felt at the time it was, times change and you’re not going to feel like that again ... That things would move on, you know. [It’s like it became part of a bigger context?] Yes, yes’ (P3).

P11 emphasised ‘perspective’ gained as a result of disclosure. For each of the three emotions that she disclosed helpfully she said that one benefit was that it helped her put the experience in perspective:

‘I think it puts it into perspective, that actually events actually um, this is not very rational. If I can just distance myself from what I’m feeling then

looking at it in the cold light of day, on paper sort of thing, this is not rational, and therefore I don't need to kill myself about it because um, life will go on you know, that there are other options and that and that yes I felt that way, at that particular time' (P11).

In both cases disclosure seems to have enabled the participant to understand their emotional response in a wider context that prevented the emotion from seeming overwhelming. In both cases this clarity also seemed to include an appreciation of a reality which made the emotion seem redundant. This seemed to include an appreciation of previously unseen options that gave them hope. In the case of P11 at one point in the interview her increased sense of perspective is explicitly related to her ability to see clearly that her friend is supportive and valuing of her:

'Uh, but, once I was distanced from the feelings a bit I could see that a is that she said to me a number of times, um, that she does like me, she does want to be friends with me, and that she doesn't want to hurt me. And that there's no intention of doing that, you know, intentionally [laughs slightly]. Um, and that based on that I could trust her' (P11).

This is consistent with the increased clarity achieved as a result of disclosure being related to the ability to differentiate between negative interpersonal expectations that are based on past experiences and expectations in current relationships in which the individual is secure and valued.

Evaluations of doing the diary. While participants did not on the whole refer to increased clarity, perspective and understanding in their descriptions of the helpfulness of disclosure experiences, these factors often emerged in the evaluative comments they made about filling in the diary. For instance;

‘It was helpful because it told me how I was behaving at the time.

Watching, sit down and think about what I was feeling at the time, which I never actually thought before. That’s the most helpful’ (P5).

‘the fact is that you could you could sit there and you could look at the emotions, look at the things that go with it, fill it in and sit there and think about what was happening and, it it was helping the fact that you could go over it and sort it out as you was going over it what was going on’ (P7).

However these comments were made in the context of doing the diary, not the actual disclosure experiences that were described in the interviews. As stated above only two participants appeared to make comments of this kind in the context of the actual face to face disclosures they described in the interviews.

Research evidence in favour of the cognitive assimilation model comes mainly from studies of written disclosure that take place when participants are alone (see Chapter Three) and it may be that writing down emotional experiences makes these kind of ‘perspectival’ benefits of disclosure especially salient. However these benefits may not have been so salient when the disclosure took place in a

social context, where the response of the recipient may have been more salient than the more abstract individual understanding of the experience².

Conclusions. There were few remarks concerning the importance of cognitive assimilation factors in the helpfulness of the disclosed emotions. However two of the fullest accounts in the data corpus suggest that at least for these cases increased clarity and perspective played an important part. The fact that participants' discussions of the helpfulness of doing the diary, rather than the helpfulness of disclosures they described in the interview, invoked factors to do with perspective and awareness of the emotions suggests that these helpful aspects of disclosure are especially salient when the disclosure is in written form. P11's account suggested that increased perspective was related to the disconfirmation of her negative interpersonal expectations.

Discussion of alternative theoretical explanations of the benefits of disclosure

There was considerably less data in the interviews that supported either the inhibition or the cognitive assimilation models of the benefits of disclosure. While this may in part reflect the nature of the interview, which did not specifically focus on inhibitory or cognitive aspects of helpful disclosures, it suggests that a social understanding of the dynamics of disclosure which has so far been largely neglected in the literature has considerable power. The current findings do not invalidate inhibitory or cognitive explanations of the benefits of disclosure since these three accounts are not mutually exclusive. However a

² Further details concerning participants' comments about doing the diary are included in

number of comments by participants suggested that inhibitory and cognitive processes may be secondary to social considerations.

Negative cases

Helpful disclosure

A number of experiences of disclosure which participants described as helpful do not seem to fit into the understanding of helpful disclosure which has been emerging. In two instances the disclosures appeared to take place in a different manner and the helpfulness of the experience appeared to have different causes. In two other cases, which have been referred to already in the section on the socially mediated benefits of disclose, the disclosure seemed to be of only limited helpfulness and there appeared to be somewhat different interpersonal dynamics involved.

Venting rage. The two instances of apparently helpful disclosure which most clearly do not fit in are those of P5 and P36, both of whom describe spontaneous expressions of rage directed at strangers as helpful. P5 lost his temper at another driver who cut him up when he was driving with his family. In his words:

‘I hit the steering wheel cos of me anger and I called and shouted out of the window. I shouted out of the window. The stupidity of the woman

[inaudible] but um. I was just angry. I said to [wife] to stick her fingers up too. I really felt like chasing her. I really did ... I was just shaking.'

P36 'just sort of exploded' with two teenagers who were messing around with an automatic door on a train he was travelling on, and like P5 he let off steam directly to the people who he was angry with.

The most striking difference between these two emotional disclosures and the ones considered earlier is that in these instances neither participant seems in the slightest bit concerned either about what other people think of them or about the identity implications of having this experience. Both participants said that they did not feel 'stupid, silly or ashamed' of themselves. Both reported that their wives did not like the language they used. In P36's case he says his wife was 'bothered by the language' he used and in P5's he says that he thinks:

'the wife was a bit embarrassed. Cos she kept telling me to curb the language down'.

However in neither case were they concerned about how they appeared to others. P5 said he 'wasn't really bothered' about his wife's reaction and P36 said he was 'indifferent' to how other people felt towards him. As he put it 'It was my battle, you know, it was within me'. Furthermore in both cases, and in contrast to the emotional experiences that other participants reported, the emotion that they felt seemed to be ego-syntonic:

‘So, OK, so, are there ways in which you think it was unhelpful?] No.

Um, I think it’s something to do with my age, James. [Laughs].

Sometimes you’ve got to treat like with like’ (P36).

‘[In what ways do you think it was helpful?] Get the anger out of me ...

Something that I needed to do’ (P5).

It is possible that in both these cases the expression of rage made these men – both of whom also indicated elsewhere in their interviews that they normally inhibited emotional experiences because of their shame – feel more powerful and in control. It seems unlikely that such experiences can be regarded as therapeutic in the sense that other disclosures appeared to be because they did not lead to any enhanced sense of solidarity with other people. Indeed rage of the kind both men experienced may in some circumstances lead to further isolation and alienation from others – although in this context it is perhaps significant that these apparently helpful expressions of rage were both directed at strangers.

Off-loading. Although P13 said that one of the experiences of hatred she told her mother about was ‘a bit’ helpful a number of features of this disclosure differentiate it from other helpful disclosure experiences.

Firstly she does not seem to think the recipient’s response made any difference and in fact does not seem to be able to give a clear account of how disclosure impacted on their relationship. She says ‘It doesn’t matter whether I told her or not’, she says she does not know how her mother felt towards her when she

disclosed and she says that she does not know whether talking about her feelings had an effect on her relationship with her mother. It seems then that the disclosure does not meet with a response that she experiences as supportive.

Secondly it seems likely that the way in which this participant disclosed did not involve giving the other person a full and coherent picture of how she was feeling and what was going on for her. In the interview she gave almost monosyllabic answers to most of the questions, and she appeared reluctant to elaborate on her very brief answers, often saying things such as 'I don't know really', 'Can't really explain' and 'not sure'. It is possible she communicated in this way when she disclosed, making it harder for her recipient to understand how she felt and why. That her uncommunicative style of communication in the interview might be typical of her communication at home is suggested by a remark she made right at the end of the interview when she says 'I just feel stupid telling anyone'.

The apparent lack of a supportive response and the possibility that the disclosure was in any case sparse and minimal are two of the factors that suggest that even if this disclosure was 'a bit' helpful, it was not very helpful. This is consistent also with the fact that she continued to feel angry after she disclosed and she reported two other very similar experiences of hatred in the interview which she disclosed to the same person and which she described as unhelpful. Analysis of this negative case suggests then that the significant benefits of disclosure depend on whether the disclosure 'meshes' with supportive responses of the recipient, in the manner suggested by Kelly and McKillop (1996).

Backing down. P30 herself recognises that the helpfulness of her disclosure is equivocal. She acknowledges her guilt by apologising to her mother after losing her temper. The disclosure is helpful in the sense that it prevents ill-feeling from ‘dragging on’ between them. However it also serves as a means of maintaining an unsatisfactory status quo in which it seems likely that the participant will continue to lose her temper with her mother over her mother’s apparent inability to recognise her needs, for example her special dietary requirements. As she puts it ‘if I think, you know, about the number of times this particular thing has happened, and me rushing to hospital because of something my mother did with my food’. As in the case of P13 there is no evidence in the interview of a recipient response which validates the participant’s point of view. Indeed P30 talks at length about how her mother doesn’t respond to her. Her response (quoted earlier) was:

‘just like this “Oh, well you know, and uh”. Like it was all, I don’t know it is very difficult with my mother to know what’s going on’.

As in the case of P13 it appears that this instance of disclosure is not especially beneficial because it does not result in a response which leads to the participant feeling more accepted and more acceptable.

Unhelpful disclosure

P19 presents the most challenging account of unhelpful disclosure, because this instance of disclosure appears to have been unhelpful in spite of the fact that the recipient responded very supportively. An attempt to identify the challenges presented in this case and to incorporate an understanding of it in the emerging picture of helpful disclosure will be attempted in this section.

P19 described two undisclosed emotional experiences and one that was disclosed unhelpfully. Disclosure took place over the phone and the recipient was her CPN. The emotion she disclosed involved self-hatred and shame because she felt she was being abusive towards her children in the way that her mother had been abusive towards her.

The CPN appears to have responded in a very supportive manner. For instance after P19 has told her that she feels ashamed the CPN tells her that she does not think she is to blame:

‘she said like, she said it’s not your fault, she says you can’t be responsible for the way you’ve been brought up ... And she was just saying “The difference between you [inaudible] and your mother”, she said “You’re not like your mother”, she said, “Don’t ever think you are”, she said, “Because you’re trying to do something about it”, she says, “You’re trying to improve yourself by being a lot better mother”, she says, “So you don’t keep doing the same things to your children as what she done to you”’.

P19 comments that the CPN appeared to understand how she felt:

‘From the way she was talking and things like that on the phone, she was talking a lot as if she’d act-, she actually understood. You know, she understood what I was saying. She didn’t give a feeling that I was being judged. It was just the feeling more or less that she knew, she knew how I felt, and how I was feeling’.

In these respects the recipient’s response is very similar to the responses given to participants who reported helpful disclosures. The recipient ‘understood’, she did not judge and she advocated a perspective in which the participant was not to blame for the things that she (the participant) felt ashamed of. This raises the question of what happened that made this disclosure unhelpful – it certainly does not seem to be lack of support from the recipient in this case.

P19 says that the conversation with the CPN ‘sort of calmed me down’ and although at the point that she phoned she felt ‘really low’ it ‘actually bucked me up, sort of thing.... So I wasn’t sort of feeling so low. Once I’d actually finished talking to her’. This suggests that the CPN’s supportiveness was helpful.

However the participant also says in the interview that talking made her feel ashamed of what she had done to her children and she felt bitter and angry at herself and her mother *after* speaking to the CPN. What this seems to suggest is that the conversation with the CPN was of limited and inadequate helpfulness.

While it may have been a step in the right direction ultimately the strength of her shame and self-hatred was such that the helpfulness was a straw in the wind. A

number of factors may have diminished the effectiveness of the CPN's supportive response. Firstly what the CPN said may have had limited credibility to the participant, who may have regarded it as coming from a professional who was being paid to be nice to her. Secondly there exist such strong moral values about harming children in our society, and the notion of a mother damaging her children is so abhorrent to most people, that P19 may have regarded the CPN's reassurances as unbelievable. This interpretation is supported by the fact that later in the interview P19 talks about how she has been in court where her daughter (who is in care) has testified that her mother tried at one point to kill her. This suggests that P19 has grossly violated normative standards of mothering – an extremely difficult thing to justify in our current moral climate. Common perceptions of people who maltreat children and the fact that P19's behaviour had been exposed publicly in court may have undermined the CPN's attempts to make a distinction between the participant's behaviour and the behaviour of her own mother towards her. The tentative conclusion to be drawn may be that supportive responses may only help the discloser if they are sufficiently credible in the light of culturally held norms and values concerning the discloser's experience.

In summary the case of P19 seems to illustrate the fact that even a positive and supportive recipient may be unable to provide sufficient validation to counter extremely pervasive feelings of shame which may be held in place by powerful social norms. It suggests that the responses of recipients are constrained by the framework of social values within which both they and the person who discloses are operating.

Discussion

Disclosure and shame

A major objective of the qualitative study of disclosure experiences was to establish the plausibility of a social model of disclosure decisions and disclosure outcomes. This model was based partially on the theoretical insights of Goffman, in particular his understanding of ‘destructive information’, information which if known would damage an individual’s identity and result in shame and embarrassment. This social model of the disclosure process was contrasted with two other theoretical accounts of why disclosure is beneficial. While the findings of this study did not eliminate these alternative explanations they suggested very strongly that social considerations played a central role in disclosure decisions and disclosure outcomes. Indeed it was suggested that these alternative mechanisms could be subsidiary to social considerations. In keeping with the social model of disclosure almost every non-disclosing participant appeared to be seeking to conceal destructive information from people they thought would respond negatively. Almost every participant who reported an instance of helpful disclosure said they felt increasingly accepted and validated by the recipient. They were no longer the wary and alienated guardians of ‘destructive information’.

These qualitative findings support the social emphasis in the recent work of Kelly and McKillop (1996) and Finkenauer et al (in press) on the social basis of

disclosure decisions and outcomes. They extend these findings by examining disclosure decisions and outcomes in a clinical population and they suggest that in this population the Goffmanesque concern with the identity implications of emotional experiences and disclosure may be especially strong. One implication is that the cognitive model of disclosure which has been adopted in Stiles et al's (1990) Assimilation Model of change processes in psychotherapy needs to incorporate the shame-related reasons for 'warding off' problematic experiences. The model would also benefit from a more social understanding of what happens when these experiences are 'assimilated'. According to the findings reported here assimilation may be as much an experience of 'moral' validation by other people, as it is a cognitive process of differentiation and re-organisation (see Madill and Barkham, 1997).

Implications for psychotherapy

As noted in Chapters Three and Five disclosure appears to be the main activity of clients in psychotherapy. The findings of the current interview study would therefore seem to be of relevance to a central process in psychotherapy. The habitual non-disclosure that characterises psychotherapy referrals and the helpful disclosure experiences they also reported both appear to revolve around an underlying concern with the presence or absence of validating responses from other people. Given this pervasive concern with how other people respond to them it seems likely that the kind of interpersonal support described by participants in their accounts of helpful disclosure constitutes a major non-specific factor in the effectiveness of psychotherapy. However the findings also

resonate with recent narrative approaches to psychotherapy. For instance Riikonen and Smith (1997) emphasise the importance of clients feeling that their experiences have been ‘understood’ a word which was used time and time again by the participants in the study. From a narrative point of view the participants in this study could be viewed as struggling with experiences which were ‘unaccountable’ in the sense that they felt unable to make their subjective experience ‘understandable’ to other people. According to Bruner (1990):

‘The function of the story is to find an intentional state that mitigates or at least makes comprehensible a deviation from a canonical cultural pattern’ (Bruner, 1990, p 49, italics in original).

By implication the function of psychotherapy is to help the client find a narrative that re-connects them to other people by making their experiences identifiable and understandable to others.

It follows from this that psychotherapy is very much a cultural activity – concerned with the meanings and the values attached to certain kinds of experience. A number of recent writers have drawn attention to how psychotherapy often involves identifying the ‘subjugated voices’ of the client’s experience, and that these voices represent experiences which contravene dominant cultural norms and understandings (McLeod, 1997; Capps and Ochs, 1995). In a recent paper Madill and Barkham (1997) present a detailed case study of a therapeutic change event in which they demonstrate how gains in one woman’s therapy appear to derive from the therapist’s ‘legitimation of a

morally defensible account of the client's actions' (Madill and Barkham, 1997, p. 232). The findings of the current study are highly congruent with this interpretation of the process of psychotherapy.

Limitations of the study

While the qualitative study has provided an opportunity to look in some detail at disclosure processes in a clinical population the study is of course limited in a number of ways.

Firstly in focusing predominantly on shame and shame-related factors the findings may not adequately represent the extent to which guilt is implicated in the process of non-disclosure. Material in the interviews suggested that for at least some participants guilt (as well as shame) played a major role in their reasons for non-disclosure. In defence of the study it could however be said that the main objective was to establish the plausibility of a shame-based understanding of the disclosure process and the intention was not to eliminate alternative elements which might also play a role.

A second issue is that the diary only focused on four emotions – shame, guilt, hatred and disgust – and therefore all the disclosure decisions and outcomes relate to these emotions. This means that it is possible that the findings do not generalise to other emotional experiences. However participants did make many remarks that seemed to indicate that at least the experiences of non-disclosure were typical of how they normally deal with negative emotional experiences.

Nevertheless it would be useful to include other emotions in future studies. This is especially important as there was a subset of participants who kept the diaries for a week and reported none of the target emotions, although they did say that they had had other emotional experiences. Since there was no diary upon which to base the interview no information was collected about these people's disclosure experiences and it is possible that people with a different emotional repertoire could have a different orientation to disclosure.

A third limitation is the relative paucity of data obtained on disclosure – and in particularly unhelpful disclosure. The conclusions drawn concerning helpful disclosure are based on information from only fourteen participants and the information on unhelpful disclosure is based on data from only four. It would be desirable to collect more information on disclosure per se, and this could perhaps be done by recruiting participants for future studies who are further on in their psychotherapy, and so potentially able to articulate and share more of their experiences.

Finally the possibility that forms of shame which are interpersonally benign may play a part in beneficial experiences of disclosure has not been explored in detail despite the fact that some experiences of helpful disclosure also involved feelings of shame. Additionally factors relating to the participants' awareness of and ability to differentiate different emotions have not been considered. A preliminary attempt to explore these issues in the context of the current interview data is reported in Appendix 11.

Chapter Eight

An Interview Study of Psychotherapy Patients' Self-Defining Memories of Shame

Introduction

In the diary and interview study described in the last five chapters it was suggested that shame associated with the anticipation of potentially negative and judgmental responses of others played an important part in the non-disclosure of many intense negative emotional experiences in the daily lives of psychologically distressed adults. This kind of shame appeared to be consistent with what in Chapter Two was termed 'marker shame'. As pointed out in that chapter mainstream research on emotion appears to have paid only recent theoretical attention to enduring and personality based emotional experiences (Magai & McFadden, 1995; Frijda et al, 1991; Singer & Salovey, 1993). However theorists of shame, it was noted, have long suggested that it is enduring personality based shame which accompanies or even precipitates psychopathology. For example both of the most influential and prolific psychological theorists of shame this century, H. Lewis and Tomkins, wrote independently about the dynamics of enduring shame. H. Lewis (1971) saw shame as part of the superego, consisting in part of internalised representations of rejecting, scornful and humiliating responses by others. Tomkins (1963) saw

shame as an emotion which could become ‘amplified’ in an individual’s personality by being associated with the remembrance of punishing responses by other people. Such shame ‘acting at a distance’, Tomkins argued, functions as a kind of early prompt to the individual to take evasive action in broadly similar interpersonal situations.

A common feature of these theories is that feelings of shame are associated with the anticipation of negative responses by others, although these anticipated responses may be only vaguely, if at all, present in awareness. Consequently a particular difficulty with studying marker shame is the fact that shame of this kind is expected to be subtle and inarticulate (see Chapters One and Two). In the diary and interview study reported in preceding chapters an attempt was made to trace shame of this kind by asking participants about feelings associated with the imagined outcome of disclosure. In the current study an attempt will be made to approach marker shame directly by utilising the notion of the ‘self-defining memory’ developed by Singer and colleagues (Singer & Salovey, 1993; Moffitt & Singer, 1994), which, as pointed out in Chapter Two, is regarded by these researchers as a conscious counterpart of unconscious affective scripts which are largely tacit (Singer & Singer, 1994). Self-defining memories are defined as memories which are: vivid; affectively intense at the time of recall; frequently revisited whether in thought or conversation; linked to other memories; and finally focused on the individual’s enduring concerns or unresolved issues (Singer & Salovey, 1993). Moffitt & Singer (1994) (see Chapter Two) suggest that for participants with ‘avoidance goals’ self-defining memories could be seen as ‘cautionary tales’ about the pursuit of particular goals. In the current study an

attempt is made to elicit the recall of self-defining memories which involve shame in a population of psychotherapy patients. In line with the existing work on self-defining memories it is expected that these memories will be associated with socially avoidant patterns of behaviour consistent with an underlying shame script in which the individual attempts to pre-empt rejection and negative responses by others.

A second major aim of the study was to see if the diary and interview study findings concerning disclosure and non-disclosure could be replicated with a different sample of psychotherapy patients and in the somewhat different context of important memories rather than recently occurring emotions. This part of the analysis is reported in Chapters Nine and Ten.

Method

Materials

A modified version of the protocol used by Moffitt & Singer (1994) to elicit self-defining memories was employed. Participants were asked to recall a memory that 1) happened at least a year ago 2) was still very clear and felt important as they thought about it 3) helped them understand who they were as an individual and might be the memory they would tell someone they wanted to understand them in a more profound way 4) leads to strong feelings 5) they have thought about many times and 6) evokes shame when they think about it. When participants had identified the memory that they believed most clearly fitted

these criteria they were asked a series of questions relating to 1) feelings associated with the incident they recalled 2) the effect of the incident on their subsequent lives 3) the effect of remembering the incident and 4) factors associated with the disclosure or non-disclosure of the incident both in the past and in their lives currently. The full interview protocol is presented in Appendix 12.

Procedure

Participants were contacted by letter prior to the commencement of therapy and asked to contact the department if they were willing to take part in a research interview on the painful memories of those seeking psychotherapy. If they were willing to participate they were given an appointment for the interview. The interviews took place after patients had been assessed and prior to the commencement of therapy. It was made clear that participation was entirely voluntary and that they were free not to answer any question or to terminate the interview at any time. The interview itself lasted approximately one to two hours. Interviews were tape-recorded and transcribed in full.

Participants

All participants were NHS referrals who had been assessed for psychotherapy by a consultant psychotherapist and were at the time of the study on waiting lists for treatment. Due to the fact that a comparatively small proportion of potential participants completed the earlier diary and interview study (see Chapter Four) it

was decided to recruit participants from two different psychotherapy departments. Overall 20 patients out of 87 who were invited to take part in the study actually completed the interview (23%). There was some difference between the two sites in this regard with only 11.1% (5/45) of invited participants from one department (department A) taking part and 35.7% (15/42) invited participants from the other (department B). This may have been because patients in the two departments were contacted at different times in the assessment process, with those in department A being contacted prior to their assessment interviews and those in department B afterwards. It is possible that those in the latter category were more interested in taking part as they had already had some experience of speaking about their difficulties to someone in the department¹. 55% (11/20) of the participants were female. Unfortunately due to a problem with the tape recorder sides two, three and four of one interview did not register on the tape. Consequently for most of the analysis only 19 responses were available.

Analytic strategy

The data set that was finally obtained for this study was different from that which had been originally envisaged. Firstly a smaller number of participants were recruited than had originally been planned (it had been estimated on the basis of the previous study that approximately 50 participants would volunteer in the time available) and secondly plans for a follow-up interview were abandoned due to

¹ Unfortunately figures for department A are not exact as when the study began the secretary responsible for sending out the research invitation letters forgot to record when she had begun to include the research invitation with the appointment letters. However she estimated that she had

the ending of the researcher’s contract and the imminent closure of department B following the loss of both the consultant psychotherapist and the secretary who had supported the research. In these circumstances it was decided to adopt a more qualitative approach to data analysis than had originally been planned. The strategy which has been adopted is the one outlined in Chapter Five and used in Chapters Six and Seven. Theoretically relevant themes have been identified, attention has been paid to the proportion of participants who contributed to each theme and an attempt has been made to examine cases which seem to be exceptional. Where appropriate a number of simple quantitative outcomes will also be presented.

Experiences recalled by participants in the study

Brief summaries of all the experiences recalled by participants are presented in Table 8.1. As can be seen in the table some of the memories were of extreme acts of violence. These included accounts by two women who described being raped and one by a woman who described the murder of an abusive member of her family by another close family member. Several other women described witnessing their father’s violence towards other members of their family, including one who described how as a child she saw her father raping her mother. However not all the participants described violent scenes. Three people reported experiences in which they themselves had done something they considered deeply wrong. In one case it was an instance of sexual abuse, in another it was having an abortion and in the third it was having sex with a

sent ten letters prior to the keeping of an accurate record, and the figures above have been

stranger. Other participants described situations in which their value as people appeared to have been undermined in some way, for example in one instance by the discovery of his wife’s infidelity, in another by the humiliating consequences of a botched surgical procedure, and in another by the realisation that there had been sexual abuse in her family.

Table 8.1: Summaries of memories recalled in the study

P	INCIDENT SUMMARIES
1	Blushing and panicking when reciting a poem at a school open day when she was about 14.
2	Trying to kill father when he was beating her mother when she was about 7.
3	Going to see a therapist when she was suicidal and being told ‘well what do you expect me to do about it?’. Subsequently attempting suicide.
4	Telling mother he was gay.
5	Sexually abusing a younger boy when he was an adolescent.
6	Leaving work after becoming infatuated with a younger colleague and falling out with her and other colleagues as a result.
7	Phone conversation in which she learned that her sister had been sexually abused. This eventually unlocked memories of having been sexually abused herself as a child.
8	A traumatic incident while working which resulted in short term injury and a longer term psychological effect which has prevented him returning to work.
9	Giving up a highly prestigious course of study after only two terms.
10	Sexual humiliation by mother and sister in front of friends (for masturbating and looking up girls skirts).
11	Witnessed mother being raped by father when she was a child of 8. After which mother took children and escaped to a distant part of the country.
12	An abortion which P had aged 19 at the insistence of her boyfriend.
13	Shielding her sister from her violent father at the age of three.
14	Father dying when P was 8.
15	Raped by two soldiers when she was 18.
16	Raped by an acquaintance who had asked her out.
17	The murder of a violently abusive member of her family who was assaulting her by another member of her immediate family.
18	A surgical procedure subsequently considered by P to be humiliating and unnecessary which has caused him continuous discomfort and difficulty in experiencing sexual pleasure.
19	The discovery that his wife was being unfaithful to him
20	An experience of casual sex with a stranger in a night-club which P had in order to please her husband.

calculated on that basis.

Participants were asked to rate of a scale of 0 – 10 (where 0 would be ‘no noticeable feeling’ and 10 is ‘as strong as I can imagine’) how strong their feelings were at the time of the incident. Excluding participants 1 and 2 (for whom an early version of the interview protocol was used that did not include this question) the mean level of intensity was 8.4. However the mode was 10 (9/18 participants said 10). There was one outlier, P14, whose score was 1.5. This participant seems to have interpreted the question somewhat narrowly to refer only to his feelings towards his father (the incident concerned the death of his father), and not his feelings about other aspects of the situation, which he considered of pivotal importance in his life. Overall then the memories recalled by participants appeared to have been of extreme intensity and salience. This is consistent with the intent to elicit memories that were ‘self-defining’.

However there was less consistency concerning the degree to which the memories involved shame. In only 9/20 cases (45%) did participants report clear and unequivocal shame associated with the experience (see Appendix 13). In a further 45% (9/20) cases participants agreed at some point in the interview that they experienced shame, but equivocated or denied it elsewhere (see Appendix 14). For example P10 initially identified the experience he talked about as one involving shame:

‘When you say shame, I think er that incident when they were taking the mickey, that was shame’.

However later in the interview he says:

‘I don’t know whether it was shame, but certainly it was embarrassment, it could have been shame, um. I’d have to think about it for a long time before I decided if it was shame but it was certainly embarrassment’.

P11 changed her mind in the opposite direction. She originally denied that she had experienced shame associated with a number of disturbing incidents in her childhood:

‘Um. No, no cos I think I was quite strong, for them couple of years. I don’t think shame came into it really. It was all to do about surviving, you know, this sort of idea. I had to keep strong and everything’s alright, you know, so. Mmhm.’

However when she speaks about the incident where she saw her father raping her mother she acknowledges apparently quite powerful feelings of shame:

‘[And does that, is that connected with shame at all?] Yeah, that was very, yeah, hm, so.’

And later she agrees that she feels shame in the present when thinking about the incident:

‘[And does the feeling of shame come back when you think about it then?] Yeah, very much so.’

The ‘now you see it now you don’t’ quality of the shame reported by these participants could be associated with a number of factors. Firstly, and most obviously perhaps, for some participants identifying shame may have had unwanted interpersonal connotations (see Chapter Two). This was suggested by one ambivalent participant when she said at the beginning of her interview ‘Not shame, no, not shame. I’ve done nothing to be ashamed of as far as I’m concerned anyway, nothing to be ashamed of’ (P1). Other participants seemed unsure about the distinctions between shame and related emotions such as embarrassment or guilt. P10, quoted above, seems to be unsure whether his experience is shame or just embarrassment. Similarly P14 seemed at one point in the interview to be unsure whether his experience was guilt or shame:

‘there is a certain amount, um I’m using the word guilt, probably mean much the same as you, you saying about shame, about the fact that it didn’t, you know it didn’t affect me as perhaps it should have done.’

It is not clear whether this represents a genuine sense on the part of participants that their experience was not shame, or whether it is another manifestation of reluctance to acknowledge shame.

Another reason for the ‘vanishing’ quality of shame reported by these participants might be that the shame is elusive and subtle which would be the case if the shame were marker shame connected with the events of the memory, but the memory was not actually utilised by the individual as a ‘cautionary tale’

in the manner of a self-defining memory. This is consistent with the fact that the experiences these participants described seemed to involve many different emotions which may at the time have been more salient than shame. Indeed most participants who seemed clear about their shame described shame as an emotion which occurred *after* the main events of the memory. For example P15 says:

‘But, um, I mean the only feelings, the feeling I had after the rape was basically shame and still shame.’

In the case of P9 feelings of shame seem to have increased over time after the incident:

‘as time’s gone on it’s become clear that it wasn’t a very well thought out decision at all and um so a sense of shame has come in and in fact I never tell anybody that I, it may seem, I never tell people that I went there now.’

45% (9/20) of the participants overall mentioned that their shame occurred after the main events of the memory.

The idea that marker shame may have been associated with the memory even when the memory did not itself involve feelings of shame is consistent with the fact that a number of participants reported shame that was somehow connected with the planning and imagination of actions related to the event. This latter

possibility appeared to be the case for P1, who as quoted earlier, initially denied experiencing shame:

‘Um, yeah. Group activities again. Uh, my daughter keeps asking me to go __ dancing, but I think, no I daren’t because if I made a mistake I’m going to be embarrassed and go red, and ... I mean for a __ year old woman, you know, you really should be able to control yourself a little doing that. So there again, *shame!* Shame ... That I can’t control it’.

In this case the actual memory the participant recalled does not seem to function as a shame related cautionary tale, however she does seem to experience shame when the possibility of being embarrassed again comes to the fore. A number of participants who were uncertain about whether they experienced shame went on to identify shame when they explored how they would feel *if* others knew about the event:

‘Um, but again that’s something um that brings shame in the respect that you can’t speak about it.’ (P17).

‘yeah, I just felt ashamed of it, because I mean you know I thought everybody would just say I asked for it.’ (P15)

‘I ... I would cringe at what people might think, whether what they would be thinking was a shameful thing in a sense you know, where’s the governing margin and what you know, what is is shameful you know?

Shame is a word ... like I said I'm very good at probably justifying my actions at times because I sort of build a rationale behind them so I don't, I don't er, I probably would cringe and think ... shame.' (P6).

These participants seem to associate shame with the social implications of revealing the event to others (marker shame associated with non-disclosure will be explored in detail in the next chapter). This suggests that the memories may, like the unpleasant emotional experiences which were explored in the diary and interview study of Chapters Four to Seven be themselves regarded as 'destructive information' and therefore warded off by a marker shame script. In this case the memories gathered in the course of the study may not be *part* of a marker shame script, but rather may be acted *upon* by such a script. Further evidence in support of this proposition will be noted later in the chapter.

Two participants denied experiencing shame altogether (Ps 7 and 13). One of them clearly seemed to associate shame with having done something wrong:

'Shame ties up with me doing something wrong, yes. And I hadn't done anything wrong ... So, I can't equate to something where I haven't done anything wrong'.

The sense is that she would consider acknowledging shame as tantamount to acknowledging guilt for the CSA which she and her siblings suffered. Shame therefore seems to have 'destructive' implications for her in Goffman's terms.

P13's interview was the shortest and sketchiest in the study and it is difficult to

be clear about why she differs from the majority. Nevertheless she says that the memory she recalled took place when she was only three years old (this was apparently the earliest experience recorded by anyone in the study) and at this age shame is probably not a well-developed emotion (Harris, 1989). However the shortness of the interview makes detailed comparison with other participants difficult.

In summary despite the fact that the self-defining memory protocol clearly elicited intense and important memories in the lives of the participants over half of the participants had some difficulty in identifying shame in connection with the experience they described. This raises questions about whether these were in fact self-defining memories of shame.

Recent occurrences of the memory

In the preceding section doubts were expressed concerning the extent to which the memories evoked by the self-defining memory protocol were in fact self-defining memories of shame. In an attempt to see whether the self-defining memories really functioned as 'cautionary tales' (Moffitt & Singer, 1994) participants were asked to think of the most recent time they had remembered the experience prior to speaking about it in the interview and asked a number of questions concerning the effect of remembering on their state of mind and their behaviour. 77.8% (14/18)² were able to describe when they last remembered the

² Two participants were not included in this analysis, one (P20) because the relevant sides of the tapes of her interview did not record audibly, and one (P18) because he had to leave before all the interview questions had been asked. The total n drops for some of the subsequent analysis when a

incident. For 55% (10/18) of the participants the incident had been remembered a week or less prior to the interview and in 84.6% (11/13) of recent occurrences of the memories participants agreed that this recall was 'typical'.

Participants who could recall a time when they had remembered the events were asked a series of questions about the effect remembering had on how they wanted to act, how they actually behaved after they recalled the incident and how recalling the incident affected their relationships with other people. Although only 35.7% (5/14) of these participants agreed that remembering affected what they wanted to do, 50% (7/14) of them said that it changed the way they thought about other people. 21.4% (3/14) said that they felt less inclined to assert themselves (only one participant said that they felt more inclined to assert themselves, and one said he felt both more and less inclined to assert himself). 28.6% (4/14) said that they felt more inclined to make demands on others (only one participant said they felt less inclined). 35.7% (5/14) said that remembering made them less inclined to be with others (only one participant said they felt more inclined to be with others and one participant said both less and more). Only one participant said no for all the items (P11). This suggests that in general remembering had some effect on the participants' motivational states. In spite of this the fact that over a quarter of them said that remembering made them *more* inclined to make demands on others runs against the notion that remembering would make people more avoidant and less assertive. However making higher demands on others could perhaps also be interpreted as seeking more reassurance from others, or it could imply that the participant behaves in a more difficult or

response has not been recorded (e.g. because it was inaudible on the tape, or because it occurred

aggressive way that other people find 'demanding'. Four participants revealed no tendency towards avoiding others (Ps 6, 8, 11, and 17)

Moving on to participants' ratings of how they actually behaved after they recalled the incidents 46.1% (6/13) said that recall changed the way they behaved and 53.8% (7/13) that it didn't. However 57.1% (8/14) said that remembering had affected their relationships. Half of those who said that remembering had not affected their relationships (3/6) said that this was only because at the time they were alone. 42.8% (6/14) said that they became more withdrawn (and none of the participants said that they became less withdrawn). Two participants (15.4%) said that they avoided people they felt OK with before they remembered. 38.5% (5/13) said that they became more difficult with other people when they remembered and the same proportion (38.5%, 5/13) said that they became more angry with other people. Only one person said that they sought out relationships with people they felt would be accepting (8.3%, 1/12) and only one participant said that remembering prompted them to let someone else know how they were feeling (7.6%, 1/13), with 30.8% (4/13) saying that remembering prompted them to tell others less about what they were feeling. These figures seem to provide some weak support for the notion that remembering the incidents is associated with avoidant and aggressive interpersonal scripts. On the other hand a number of participants reported that remembering made them more committed to others. 33.3% (4/12) said that they felt more committed to a particular person or people. 25% (3/12) said that they felt more committed to living up to certain standards. A

between sides of the tape).

number of participants (Ps 6, 11, 13 and 17) failed to indicate that recall had had any negative interpersonal effect.

Given the generally low numbers, the fact that only 55% (10/18) of the participants in the study as a whole were able to describe recalling the incident a week or less prior to the interview, the lack of contextual detail associated with this quantitative part of the study, and the variability in the responses, these figures cannot be said to provide a convincing demonstration of the role of self-defining memories of shame in pre-empting participants' pursuit of their social goals.

A further problem is that far from using their painful memories as useful reminders of the need for self-protection many participants at various points in the interview indicated that they tend to actively suppress their awareness of the memory. This is illustrated by the following comments (all made by participants who were in fact able to describe a time when they recalled the incident):

'Um [pause]. If I allowed myself to, I could think about it every night um but I don't and it's only when we talk about it, about the family, that you know that's when I'll say something maybe but somehow I can control it, and I make myself not think about it'. (P2).

'Oh, um, it's been a, it's been actually none, well in terms, because I want to forget about it. I mean I have thought about it a little, at little times throughout the years, I can't really say, it's never, it's not been like all the

time, it's just recently now where I just can't hold it in any more, cos there other things going on that I've got to remember and this just like, there's no more room [laughs].' (P11).

'I'm finding it a wee bit difficult inasmuch that the memory is not probably not my hottest subject because I think I've probably tried to switch off from it ... quite a bit and I spend most of my time actually just finding things to preoccupy myself to sort of avoid the now if you like. Uh.' (P14).

'I was trying to pretend it didn't happen I suppose and that was my way of not telling anybody, I thought if I didn't tell anybody and I didn't think about or try not to think about it even though I did and I was having nightmares, um, you, you it was my way of dealing with it and my way of thinking well it didn't happen it was just a nightmare you know. Push it to one side, I mean, it'll get blocked away in a little room up in your head and it will stay there.' (P15).

Although none of these participants seems to be entirely successful in blocking their awareness of the experience these comments hardly seem compatible with the memory as cautionary tale – certainly not one whose message is willingly attended to. Overall 42.1% (8/19) of the participants mentioned (without having been asked) in the course of the interview that they made some attempt to avoid becoming aware of the memory they recounted (see Appendix 15). While this tendency seems to fit somewhat uneasily with the notion of the self-defining

memory of shame it is compatible with an association of the memories with scripts demarcating such painful experiences in the individuals' lives as 'destructive information'. If the memories themselves contain 'destructive information' they may be warded off as a result of the operation of the script, as suggested in the preceding section. This makes sense since if one is not constantly aware that there is information about oneself which might undermine one's self-presentation then one may be more likely to 'pass' in Goffman's (1963) words as 'normal'.

Conclusion

In conclusion, then, the attempt to elicit self-defining memories of shame in this population seems to have met with only modest success. More than half of the participants had some difficulty in identifying shame in the experiences they recalled (despite the fact that the protocol specifically directed them to recall memories that evoked shame when they recalled it). Furthermore not all participants were able to recount a recent instance when they had recalled the incident (despite the fact that the protocol requested participants to recall an incident that they had thought about many times and which should have been as familiar to them as a 'picture [they] have studied or a song [they] have learned by heart'). Additionally, for a substantial minority of those who could describe a recent instance of remembering the incident, recall did not seem to be associated with socially avoidant responses in line with the memory functioning as part of a shame-based affective script. Finally evidence was presented which suggested that rather than being utilised as signposts directing the individual away from

potentially harmful situations nearly half of the participants actively sought to avoid experiencing or re-evoking the memories. These considerations prompted the suggestion that for many of the participants the memory they related could be thought of as ‘destructive information’ in its own right. This would account for the fact that the memories themselves appeared in many instances to have been warded off.

Since the study was intended to explore the extent to which the important emotional memories recalled by participants were subject to the same kinds of disclosure dynamics as emerged in the diary and interview study of Chapters Four to Seven the idea that the memories were subject to the operation of a shame-type script, rather than being of it, is amenable to study. In the next section data relating to the disclosure and non-disclosure of the experiences participants recalled will be presented.

Chapter Nine

Psychotherapy Patients' Non-disclosure of Significant Memories

Introduction

The current chapter is an attempt to replicate and build on the findings concerning non-disclosure reported in Chapter Six and to ascertain whether the pattern of emotional isolation and disclosure found in the diary and interview study could be replicated in the slightly different context of psychotherapy patients' important emotional memories. The intention was to discover how robust the findings concerning psychotherapy patients' emotional isolation reported in Chapters Four and Six proved to be in a different sample of psychotherapy referrals and in the context of distressing and significant emotional memories rather than simply unpleasant emotional experiences. In addition to replicating and extending the earlier findings in this way it was hoped that, by virtue of being more wide-ranging, the interviews would provide information about the broader context of emotional isolation.

Participants were (as noted in the previous chapter) asked whether they had talked about the self-defining memory they recalled both shortly after it had happened and also more recently. Participants who had not disclosed were asked

to talk about their reasons for non-disclosure. Material relating to the broader context of emotional isolation was elicited by asking questions about the effect the emotional experience had had on participants both in the past and more recently.

Reasons for non-disclosure

Habitual non-disclosure

95% (19/20) of the participants showed evidence of habitual non-disclosure regarding the incident they spoke about in the interview (see Appendix 16). Typical comments included the following:

‘I much prefer to keep it to myself, yes. No question about that’. (P9).

‘it’s not something you would talk about is it? It’s personal and private you know’. (P8).

‘I just thought, you know, I don’t want anyone to know, I don’t want to talk about it, I’m perfectly fine, and I’m fine, that was it you know, I didn’t, yeah’. (P11).

‘normally no I wouldn’t. I’d just keep it to myself’. (P3).

Just over a quarter of the participants (30%, 6/20) indicated that it was in their nature to keep things to themselves. For example:

‘I’ve always been quite a private person. Um, I tend to sort of keep things to myself’. (P19).

‘And um, that’s me, keep your own counsel’. (P10).

‘I mean that’s, that’s my very nature, it’s not actually being open’ (P14).

Some participants (21%, 4/19) suggested that the interviewer was the only person they had ever told:

‘No. Never. I’ve never talked about that to anybody but you, up until now’. (P1).

‘I don’t ever talk, you’re the only one I think I’ve ever talked about it to.’ (P5).

‘these are things I’ve never told anyone, so...’ (P11).

At the other end of the spectrum P18 said that he ‘would prefer’ not to talk about it although if people enquired he would, suggesting that habitual non-disclosure of the incident was not so entrenched in his case as it was for most of the other participants.

There was one exceptional case, P6, who confessed that he had previously felt 'compelled' to talk about the experience at the time that it was happening. However he also revealed that he was afraid of betraying his vulnerability to others:

'I'm ... even though there are times that I can feel very nervous, I can feel very vulnerable, that side of me doesn't show very well and people see me more as in control and I, I've often seen that more as a disability now because there are some feelings which I don't express that well, probably because I feel ashamed to express them'. (P6).

This suggests that this participant was selective in what he felt compelled to disclose. Elements relating to his feelings of vulnerability, he implies, remained hidden.

In summary it seems that participants generally did not talk to other people about the intensely distressing emotional experiences that they recalled. This appears to parallel and replicate the finding of a tendency towards non-disclosure in the diary and interview study. In the earlier study 81.5% of the 27 non-disclosing participants made comments indicative of habitual non-disclosure. The finding in the current study that 95% of participants tended not to speak about the experiences that they recalled suggests that an important facet of the emotional isolation of psychotherapy patients might be a reluctance to discuss intense negative emotional memories.

Anticipated responses to disclosure

In this and the following section the same categories have been used as in Chapter Six. Results for the categories relating to anticipated responses to disclosure are summarised in Table 9.1 and a complete list of statements in each category in this section is included in Appendix 17. A table in which the proportion of participants endorsing each category in this study and for non-disclosing participants in the diary and interview study is also presented (Table 9.2).

Table 9.1: categories of anticipated responses to the disclosure of memories

P	label	upset others	lack under- stand- ing	un- helpful posit- ive resp- onse	lack inter- est/ attn	not believ- ed	conf- ident- iality	trust	point- less	isolat- ion	pos- itive resp- onse	other
1	*		*						*			
2	*		*		*	*			*			*
3	*											
4		*										
5	*											
6	*											
7	*											
8	*			*	*						*	
9	*										*	
10	*	*								*		
11	*	*		*								*
12	*	*	*					*	*	*		*
13			*			*						
14	*				*					*		
15	*										*	
16	*				*							
17											*	
18	*											
19	*				*				*			
Totals	16/19 84.2%	4/19 21%	4/19 21%	2/19 10.5%	5/19 26.3%	2/19 10.5%	0/19 0%	1/19 5.3%	4/19 21%	3/19 15.8%	4/19 21%	3/19 15.8%

Labelling, blaming and judging. As was the case in the diary and interview study the most common response that participants anticipated in the event of disclosure seemed to be labelling, blaming or judging by other people. Some participants

(Ps 1, 3, and 18) feared that others would regard them as 'silly' or 'stupid' if they spoke about the incident:

'To be told you're silly. And they think you can switch it off "what a silly thing to do, there's nothing to be embarrassed about" or "Oh there's no need to blush, there's no need to be embarrassed", you know.' (P1).

'Er, I would think a lot of people, a lot of fairly shallow people, well I say shallow people who are close friends of mine, would probably say "Oh you're stupid, you shouldn't have had it done". Things like that. I think that's the way they would have reacted'. (P18).

Some thought that they would be regarded as crazy or mad (Ps 3, 6 and 8):

'you could go up and down __ High St. telling people and they'd think you were crackers'. (P8).

'you think oh, *they'll* be thinking there's something wrong with me, you know. Bit like that saying, what is it, says I'm not mad but they think I am, I say I'm not mad, they say I am mad but I was outvoted, it's sort of them outvoting you, stupid you know, saying you're mad.' (P6).

P16 (like P6) feared people would think there was something wrong with her:

‘Well, I’ve always I’ve always thought if I told somebody everything what had happened, everything like, they’ll just think I must, there must be something the matter with me. Just seems so, you know, somebody can have so many of these things happening, you know.’ (P16).

Ps 5 and 12 thought that others would think they were disgusting:

‘I told you they would think I was bloody disgusting, and wouldn’t even want to know me’. (P5).

‘people don’t talk about things like that. Especially in those days. They did, they did class it as disgusting, dirty and shouldn’t be done and everything else’. (P12).

Some participants feared ridicule at the hands of others (Ps 10, 15 and 19). For example:

‘Probably laugh at you, ridicule, yeah, and that’s what you’re um trying to avoid’ (P10).

‘I mean really I’ve kept, kept everything to myself. Perhaps through fear of being embarrassed or sort of laughed at’. (P19).

A number of participants referred more generally to their fear of being judged by others (Ps 2, 7 and 9):

‘I would try on the whole to keep it quiet because I don’t want to be judged by others so on that episode, so that’s certainly an area where I don’t want to be, I would prefer to avoid the judgement of others which is why I keep it quiet’. (P9).

‘I’ve been afraid of people judging me’. (P7).

Other remarks were made which indicated the importance of how participants, in Cooley’s phrase ‘lived in the minds of others’ (quoted in Scheff, 1988):

‘Um, no, no I think the fact that they’d be thinking something in their mind that I wouldn’t know about and I didn’t want you know, so. I don’t know. I’ve got this terrible thing about it, people thinking about ... I don’t, if I do something wrong, I always have to do things right because I don’t anyone thinking bad of me or any-, I mean it’s still now, I still feel it now. And I’m always oh on edge like, cos er, or like worried about this, that and the other, or are they going to think this, are they going to think that.’ (P11).

‘I didn’t really want to tell anybody, um, in case they got sort of an impression of me sort of thing, you know.’ (P19).

For Ps 10, 12 and 14 such negative impressions seemed to constitute information which could be used against them:

‘by the very nature if you let somebody understand what really motivates you or what you’re really feeling, it can by definition be used against you, if they were that way inclined’. (P14).

‘I do tend to keep things to myself. Cos I have, since I have had friends and it takes me ages to trust somebody. And when I do then I tell them things, but I always found that they either used it against me or they just weren’t true friends.’ (P12).

Overall 84.2% (16/19) of the participants mentioned that fear of labelling, blaming or judging responses of the kinds illustrated above was an element in the non-disclosure of their emotional memories. In the diary and interview study 70.4% of non-disclosing participants indicated that non-disclosure was associated with anticipated responses of this kind. The current finding appears then to replicate the finding of the earlier study that psychotherapy referrals appear to have salient emotional experiences in their lives which they keep private for fear that they would lead to adverse judgements on the part of others were they to be shared. Once again the findings are consistent with the idea that patients are attempting to contain and withhold significant ‘destructive information’ which would damage their standing relative to others if known.

Other anticipated negative responses to disclosure. Table 9.1 shows that the labelling, blaming, judging category was by far the most important of the

participants also mentioned other anticipated responses which were present in the earlier diary and interview study, although these factors seemed somewhat less salient.

26.3% (5/19) participants said that they anticipated that others would lack interest or not want to be bothered with what they said if they disclosed. An example comes from P2:

‘I just think they wouldn’t care, they wouldn’t be bothered, you know’.

21% (4/19) said that they did not disclose for fear of upsetting others. An example of this category is the following remark from P10:

‘I wouldn’t like to burden my wife with it, you know or anybody I knew, I’d prefer to just keep it locked up on my own store of er, bad memories if you like’.

21% (4/19) of the participants said that they anticipated that others would not understand them if they spoke about the experience, making comments such as:

‘I think they wouldn’t understand. [Why do you think they wouldn’t understand? Why do you think that is?] Well unless it’s happened to them, it’s very hard to understand’. (P12).

21% (4/19) of the participants said that they thought disclosure was pointless. A typical remark is that of P19:

‘Um, well it’s all over and done with now, so, um, it doesn’t make much sense sort of resurrecting the past, um, I don’t see it sort of serves any purpose. Um, I think you should perhaps let sleeping dogs lie.’

10.5% (2/19) of the participants said that they anticipated unhelpful positive responses if they disclosed. For example P8 said:

‘Erm, people when you relate your experiences such as this to them, they’re sympathetic and it’s ... I’m not, like myself, as a character as an individual, I don’t mind people saying “Oh that’s a bit of bad luck”. But I don’t want this, you know sort of what I call patronising sympathy, perhaps it’s a bit wicked putting somebody down if they try to help you, but I don’t want that much, you know, um, oh it’s difficult ... that much association in that area with anybody’. (P8).

10.5% (2/19) participants said that they feared not being believed if they spoke about the experience. As P13 put it:

‘I think they wouldn’t believe me. I’ve never known how to describe what happened between me and my brother. Um, I wouldn’t know how to go about telling people, I don’t think they’d believe me.’

Only one participant (1/19, 5.3%) in the current study said that they thought other people could not be trusted with disclosure. This was P12 who said:

‘there was nobody I could trust. I wasn’t born here, I had, I didn’t have no family here, I didn’t have no, I had some friends but they weren’t ... friends that I can trust’.

No participants in the current study related non-disclosure to fear that the recipient would betray their confidence. However a number of participants (e.g. P4, P5, and P10) did say during the course of the interview that the anonymous and confidential nature of the research setting was an important factor in their decision to describe the events they spoke about in the interview.

In addition to the anticipated responses of others 15.8% (3/19) participants said that they did not disclose because there was no-one available for them to disclose to. For example P14 says:

‘I don’t think there was actually anybody immediately there that, who would listen I don’t suppose’.

This compares with 29.6% of the non-disclosing participants in the diary and interview study.

Table 9.2: Proportion of a) participants in the self-defining memory study and b) non-disclosing participants in the diary and interview study who mentioned each category of anticipated response to disclosure developed in the diary and interview study

<i>Categories of anticipated response to disclosure</i>	<i>Proportion of participants endorsing category in self-defining memory study</i>	<i>Proportion of participants endorsing category in the diary and interview study</i>
Labelling, blaming, judging	84.2% (16/19)	70.4% (19/27)
Lack interest	26.3% (5/19)	25.9% (7/27)
Harm/upset/ burden others	21% (4/19)	55.5% (15/27)
Others not understanding	21% (4/19)	33.3% (9/27)
Pointless	21% (4/19)	25.9% (6/27)
Unhelpful positive responses	10.5% (2/19)	33.3% (9/27)
Not believed	10.5% (2/19)	18.5% (5/27)
Not trustworthy	5.3% (1/19)	14.8% (4/27)
Confidentiality	0% (0/19)	7.4% (2/27)

The interviews also included several anticipated responses which were not present in the earlier study. Three participants (Ps 11, 12 and 13) said that they would expect others to respond with shock if they disclosed the incident. For example P11 says:

‘I wouldn’t talk about it to anyone normally, cos it’s, I don’t know. It’s this thing about shock on someone’s face’.

P2 also said that one of the reasons she failed to talk about her father's violence when she was a child was because she realised it made her different from her peers:

'I think I remember speaking to friends and saying "Does your dad ever hit you" and things like this and they used to just laugh and I just knew that they didn't so, I didn't say anything more'.

These additional responses seem to be broadly compatible with the general desire of participants to avoid unwanted social consequences of disclosure.

To summarise, while fear of labelling, blaming and judging responses seems to be the most important category of anticipated response, categories that emerged in the earlier diary and interview study also appeared for the most part in the current range of responses. However with the exception of the categories concerning others' lack of interest or attention and the pointlessness of disclosing, these categories were somewhat less frequently endorsed than in the diary and interview study (see Table 9.2). This may be because the recent and specific focus of the diary and interview study helped draw participants' attention to factors which were neglected as a result of the more general focus of the current study.

Exceptions. Nearly a quarter of participants (21%, 4/19) said that they also anticipated comparatively positive social responses to disclosure. P9, for

instance, said that he now thought that at least some people would think that the event he had tended to conceal was ‘innocuous’. P8 said he would anticipate:

‘a degree of understanding. Um, and that’s and perhaps a smear of sympathy’.

P15 said:

‘I don’t expect to be treated any different, I’m no different to anybody else.’

She went on to say that she expected people to ‘just accept it’. P17 said:

‘Still I expect them to respond with shock ... but hopefully not to judge too harshly. And to try and understand.’

In three of these cases (Ps 9, 15 and 17) their expectations of how people would respond seemed to have changed so that currently they would expect people around them to respond more positively than they did in the past. P9 had been surprised when he had told somebody close to him about the experience and this person had been relieved that it was not something more serious. P15 now allowed herself to mention occasionally that she had been raped and P17 spoke tearfully in the interview about how she wanted to be more open and to stop her lifetime’s habit of ‘bottling’ things up. These participants therefore seem to have

moved on to some degree from the habitual non-disclosure that seems to be characteristic of the participants as a whole.

Summary. All but one participant, P6, seemed to have or have had in the past, the belief that other people would respond in an undesired manner should they disclose the memory they talked about, although as we have just seen a minority of participants seemed to be in the process of revising these beliefs at the time of the interview. While the majority of the factors associated with anticipated negative responses in the earlier diary and interview study seem also to play a part, by far the most important element to emerge in the current study was the ‘labelling, blaming and judging’ category. This was also the category cited by most participants in the earlier study. The current findings suggest once again that non-disclosure of significant emotional experiences by psychotherapy patients is associated with the individual’s desire to maintain a positive impression in the minds of other people. As such the findings add further weight to the dramaturgical model of disclosure proposed in Chapter Six.

Individual and self-related reasons for non-disclosure

Results for the individual reasons for non-disclosure (using the same categories as were used in the diary and interview study) are presented in Table 9.3. A table in which the proportion of participants who made remarks in each of the categories in both this and for non-disclosing participants in the earlier diary and interview study is presented in Table 9.4. A complete list of statements in each category is included in Appendix 18.

Table 9.3: categories of self-related factors associated with non-disclosure of memories

P	Shame etc	Out of character	Inability to justify own feelings	Problems are own responsibility	Rejection of own feelings	Reluctance to experience unpleasant emotions/ memories	Other
1	*		*				
2	*					*	
3							
4							
5	*						
6	*				*		
7						*	
8			*				
9	*		*			*	
10	*						
11	*	*	*			*	
12	*	*				*	
13			*				*
14	*						
15	*					*	
16	*						
17	*						
18							
19	* (?)						
Totals	Excluding (?) 12/19 63.2%	2/19 10.5%	5/19 26.3%	0/19 0%	1/19 5.3%	6/19 31.6%	1/19 5.3%

Shame and self-conscious emotions. 63.2% (12/19) of the participants said that shame was one of the reasons they did not talk about the experience they had recalled. For example:

‘I suppose it’s because I’m ashamed and I didn’t want people to enlarge on it. I wanted them just to think it and forget it. If I’d have talked about it they would have dwelt on it and may be watching me closer.’ (P1).

‘I would feel ashamed, I would feel ashamed telling people’. (P2).

‘Because I felt so ashamed and people feel disgusted and and reviled by that. As much as I do myself. I wouldn’t ever, ever take that chance. I couldn’t.’ (P3).

‘So a sense of shame has come in and in fact I never tell anybody that I, it may seem, I never tell people that I went there now’. (P9).

Table 9.4: Proportion of a) participants in the current study and b) non-disclosing participants in the diary and interview study who mentioned the categories of self-related reasons for non-disclosure developed in the diary and interview study

<i>Categories of self-related reasons for non-disclosure</i>	<i>Proportion of participants endorsing category in self-defining memory study</i>	<i>Proportion of participants endorsing category in the diary and interview study</i>
Shame and other self-conscious emotions	63.2% (12/19)	74.1% (20/27)
Out of character	10.5% (2/19)	40.7% (11/27)
Inability to justify own feelings	26.3% (5/19)	37% (10/27)
Problems own responsibility	0% (0/19)	33.3% (9/27)
Rejection of own feelings	5.3% (1/19)	18.5% (5/27)
Reluctance to experience unpleasant emotions or memories	31.6% (6/19)	22.2% (6/27)
Other	5.3% (1/19)	4% (1/27)

‘[Can you say why you chose to keep it to yourself?] That’s it, shame. [Right. That’s where the shame came in?]. Or embarrassment, yeah’. (P10).

This was the most frequently cited of the individual reasons for non-disclosure and was the second most frequently cited reason for non-disclosure in the study as a whole, after fear of labelling, blaming and judging. Despite this the figure is somewhat lower than the 74.1% of non-disclosing participants in the diary and interview study who said that if they disclosed they would feel ashamed. This

difference is probably due to the fact that participants in the current study were not asked directly about whether disclosure would make them feel shame as they were in the earlier study. In all but one case participants who noted shame as a reason for non-disclosure also noted fear of being labelled, blamed or judged by others. This is consistent with marker models of shame, such as H. Lewis' (1971) model of superego shame, in which imagery of other people as scornful and rejecting plays a major part. The one case where a participant mentioned shame as a reason for non-disclosure and yet did not apparently expect to be labelled, blamed or judged if she disclosed was P17, who nevertheless still seemed very concerned about how others would evaluate her as her comment (quoted on page 248) suggests.

Reluctance to experience unpleasant emotions/memories. The next most frequently cited individual reason for non-disclosure was participants' reluctance to experience unpleasant emotions or memories. 31.6% (6/19) of the participants mentioned this as a reason for non-disclosure. Examples include:

'Because it makes me feel like I do now. I feel quite sick now.' (P2).

'you're admitting a lot aren't you if you ... you kind of ... it reinforces for a while your feelings of inadequacy to go and admit there's a problem, it sort of um makes it harder, even if it eventually helps, it's hard to admit a problem to begin with'. (P9).

This figure is slightly higher than the figure for non-disclosing participants in the diary and interview study which was 22.2%. As was the case in the earlier study it is not entirely clear whether this category of response is congruent with the dramaturgical model of non-disclosure. However P9 quoted above seemed to imply that the pain is partly to do with the feeling that one's identity is somehow inadequate or invalid. In the following remark by P2 there is a sense that if the experience can remain hidden and private it does not become 'real' in the sense of being a social reality:

'Because to hear it makes it real and I'm too good at burying things to make them become real'.

A similar impression is given in the following remark by P11:

'I don't, I, I think I just wanted it to go away. I just, I thought by talking to people and stuff like that it would come back to me and I didn't want that. You know, I just thought, you know, I don't want anyone to know, I don't want to talk about it, I'm perfectly fine, and I'm fine, that was it you know, I didn't ... yeah'.

These remarks imply that the 'painfulness' of the feelings and memories may be identity related.

Inability to justify own feelings or experiences. Other individual reasons for non-disclosure found in the earlier diary and interview study seemed somewhat

sparser in the current study. 26.3% (5/19) of participants said that they did not think they could justify or explain their experience. For instance:

‘I thought that something was wrong with me because I never heard of things like that, I never heard of anybody having an abortion, and I never heard, you know. Everybody seemed ... happy and everything was in place around me, and er, people don’t talk about things like that.’ (P12).

‘when I went through my depressions I wanted a broken leg, or I wanted a heart attack, or I wanted to break out in a rash, so that people would know there was something wrong with me. You know because people just don’t know. You can’t explain to people how you feel about that.’ (P1).

‘it’s just something a mother and a father, you never hear of that, I think that’s what it is.’ (P11).

These remarks suggest that these individuals are struggling with experiences which they think that people in their social milieu would have difficulty understanding or accepting. The number of participants mentioning this factor in the current study is slightly lower than was the case for non-disclosing participants in the diary and interview study where 37% of participants mentioned that this was a reason for non-disclosure. This may be because the interview protocol did not include a specific probe about shame as in the earlier study remarks of this kind were often prompted by asking participants whether

they thought they would feel stupid, silly or ashamed of themselves if they disclosed.

Other self-related reasons for non-disclosure. 15.8% (3/19) of the participants mentioned that disclosure would betray them as someone different to the character they normally portrayed. For example

‘I think I was, I always wanted to feel a very s-, you know determined character as you said, I wanted to try and sort of like, you know that a strong character, and by talking to anybody and by doing, by saying this it’s like saying well I’m not very strong, you know’. (P11).

This was a considerably smaller proportion than the 40.7% of non-disclosing diary and interview participants who made comments of this kind. However once again the lower incidence of this particular reason for non-disclosure may reflect the absence of a specific question in the interview protocol addressing shame-related factors in non-disclosure. Some evidence from the analysis of more general themes in the interviews will be presented later in this chapter which suggests that this factor remains important for the participants in this as well as the earlier study.

Only one participant (5.3%, 1/19) said that non-disclosure was associated with rejection of their own feelings. This was P6 who said:

‘there are some feelings which I don’t express that well, probably because I feel ashamed to express them’.

This contrasts with 18.5% of the non-disclosing participants in the diary and interview study. It seems likely that this did not emerge as a salient factor in the current study because of the focus on memories rather than emotional experiences as the unit of analysis. No participants in the current study said that non-disclosure was related to feelings of personal responsibility, contrasting with 33% of the non-disclosing participants in the diary study. Nevertheless self-blame did seem to play a part in many of the participants’ understanding of the situations they described. For instance P19:

‘I didn’t realise it was perhaps not my fault you know, after everything that I’d been told, everything had been sort of blamed on me sort of thing’.

P4 seemed to blame himself for the abuse that he suffered:

‘Shame was like where I sort of accepted it, I let it happen, you know. I um, in a way I liked it in a way’.

Elements of self-blame regarding the memory also appeared in the accounts of P9, 12, 14, 16, 17 and 19. There was one individual reason for non-disclosure categorised as ‘other’. This was given by P13 who said that she did not talk about the experience:

‘Cos I, I’m meant to get on with my life, you know, not think about it all the time. You can’t go on thinking about things like that all the time now’.

This remark suggests that the participant does not believe that it is appropriate to talk about her memory. It seems to dovetail with the comments made about being unable to justify or explain the experience (see above).

Exceptions and summary. The current study replicates the diary and interview study in finding an association between non-disclosure and shame. While a smaller proportion of participants mentioned shame than was the case for non-disclosing diary and interview participants this probably reflects the fact that there was no specific question regarding shame and non-disclosure in the current study’s interview protocol. The fact that 1) the anticipation of labelling, blaming or judgmental responses from others and 2) shame were the two most commonly cited reasons for non-disclosure is highly congruent with the dramaturgical model of non-disclosure that emerged in Chapter Six. Indeed it seems probable that shame and the anticipation of negative labelling by others are two sides of the same coin, for marker shame involves an internalised social perspective as many shame theorists have pointed out (e.g. H. Lewis, 1971; M. Lewis, 1992). Only two participants (10.5%, 2/19) mentioned neither labelling or shame as a factor in non-disclosure, Ps 4 and 13. In the case of P4 this is probably because the bulk of the interview concentrated on an experience which he subsequently acknowledged was of considerably less significance to him than the experience

of childhood sexual abuse (CSA) he eventually revealed in the interview. Since his experience of abuse seemed to have been coloured by shame it seems likely that if there had been sufficient time to explore in depth his attitudes towards disclosure of this latter experience both fear of labelling, blaming or judging responses and shame associated with non-disclosure would have emerged (his self-blame regarding this experience was noted earlier). P13 has already been discussed as an exceptional case in Chapter Eight because she was one of only two participants whose memories appeared to contain no shame at all. This in itself might explain why neither labelling nor shame appear to be elements in her reasons for non-disclosure. However as mentioned in Chapter Eight her interview was also the shortest and sparsest in the study making it harder to identify exactly how she diverged from the other interviewees. She may have felt less comfortable than other participants talking and disclosing in the research interview itself, and consequently not revealed information that she felt might shame her or lead to judgements or labels on the part of the interviewer.

Reluctance to experience unpleasant emotions or memories appeared as the next most important category in this section, although it was considerably less prevalent than shame. It was suggested that this element might dovetail with the dramaturgical account of non-disclosure as the pain associated with the experiences may in part at least be the pain associated with being aware of destructive information about oneself. Inability to justify ones' own experiences was a factor cited by a quarter of the participants. It was suggested that this might be linked to the fact that these participants felt that their experiences contravened social norms concerning what could or could not be discussed or accepted by

others. Two other factors, the experience contradicting one's public character and a sense that one's problems were one's own responsibility seemed rather less often endorsed by the participants in the current study, although it was suggested that these might nevertheless be important factors which may have been underrepresented in the findings due to a lack of interview probes concerning individual and shame-related reasons for non-disclosure.

Having replicated the key findings of Chapter Four and Six regarding the extent of and reasons for non-disclosure of emotional experiences by psychotherapy patients, in this final section of the chapter an attempt is made to look at broader themes that emerged in this more wide-ranging study. In this way it is hoped that in addition to developing an understanding of the operation of shame in the context of the social behaviour of disclosure it will also be possible to see how participants' experience of non-disclosure is itself part of a broader pattern of social concerns and behaviour.

The broader context of emotional isolation

The emotional isolation of psychotherapy patients has thus far been examined solely in the context of the disclosure of emotion laden experiences. In this section it is suggested that non-disclosure is part of a larger pattern of perceived social disqualification and dislocation suffered by these individuals. The following analysis is based on some general themes which emerged in the interviews, often in response to questions about the short-term and long-term effect the memory they described had had on them.

Difference and marginalisation

Many participants referred to a sense of being marginalised and different. For some this sense of difference seems to have come about as a result of the general circumstances of their upbringing

‘at the time it seemed the norm, but now obviously that I’ve grown up and met different people I know it’s not and I feel ashamed because we were very poor. I mean my father was rich but we were very poor. We didn’t have proper clothes, we didn’t have, we didn’t know how to eat properly because we didn’t have much food, it’s lots of things. I didn’t have any social graces or anything like that and I felt ashamed. I just felt ashamed of being me basically, just felt worthless, you know, and other people talk about, you know, things they’d get for their birthday, or things that their mum and dad used to do with them and talk about, and that never happened with us and I felt ashamed because of that I suppose’. (P2).

‘I’ve always felt a very strong sense of ostracisation because my family were poor, because we were Christian, bible bashers, holy Joes.’ (P7).

‘er ... I don’t know I suppose I grew up with thinking that um, the world doesn’t like me and I’m not particularly keen on the rest of the world if you like’. (P10).

‘I just feel that I never had any preparation for life from my own parents ... any guidance or anything. And I tried to, hard to be loved and took care of, but er there were just so many obstacles. I feel from bad parents I walked into a family that’s not better. They never accepted me, being foreign.’ (P12).

‘I want to understand, maybe ... why has so many things happened and ... and why has fate if you want I suppose been cruel, why did someone adopt me and then not love me in a demonstrative way, um why when it took all the years to find my natural first mother did she say what she said then, well I didn’t want you then and I don’t want you now. Um, was it anything I could have helped?’ (P17).

‘I mean not just in this particular incident but er a lot of the time all through my life I’ve had this problem, people don’t understand a lot of the time the way I feel about things. [Yes, so that’s something that goes back to your childhood?] Yes, oh yes a long time.’ (P18).

Other participants spoke about how they felt marginalised and different in the wake of the events of the memory they described:

‘I felt unwanted. Um, I felt that there’s no point in going on because I couldn’t have what I wanted in life. I hadn’t got a, hadn’t got a partner.

Um, nobody seemed to listen to what I was saying, living on my own, I just couldn't cope.' (P3).

'I also felt ashamed that because a lot of the staff were women, I was the only male there, that I felt that they were all sort of gossiping about me and I was in isolation, I'd been marginalised by it all and I felt ashamed about my behaviour, you know, them thinking I was weak and like...'
(P6).

'Yeah, def-, definitely ideas about ... not very good at making decisions, that kind of, well, or not very good at finding out um, not being able somehow to fit in very easily, find an environment that suits me, especially that one actually, being a bit of an outsider, yeah. Um, not getting on terribly easily with people.' (P9).

'Um ... I don't have much contact with my friends any more I mean from that point of view. Um, people that were sort of around at the time, er perhaps didn't really know what to say to me or they felt quite embarrassed um and therefore they didn't sort of make contact, and perhaps they didn't know what to say and I didn't really know what to say to them.' (P19).

'... well it just made you feel different. I mean like significantly different. I mean it was almost like having a physical handicap or something. I mean every one, all ... I mean uh, as I said I think things would perhaps

be a wee bit different now because different attitudes or whatever, but the fact that um everybody you knew had two parents, I'm just stating the obvious, and er...' (P14).

Overall 73.7% (14/19) of the participants mentioned that they felt some sense of difference or marginalisation, although there were no questions explicitly aimed at exploring this issue.

Values

P14 quoted in the preceding paragraph refers to the possibility that the social norms which led to him feeling so different as a child might in fact have changed. A small number of other participants also made remarks in which it seemed as though they were aware that the social dislocation they seemed to have suffered was based on the evaluative practices of the culture they belonged to. P4 who spoke in the interview about his experience of coming out to his mother as a homosexual referred to the negative status of homosexuals within his community:

'like homosexuality especially in our community it's like you know, it's a sin'.

Generally however the participants who referred to the evaluative social context of their experiences pointed to the difference between attitudes in the past, when

their sense of difference or marginalisation presumably emerged and attitudes in their present context. P14 for instance went on to say:

‘I think it’s probably one of the first labels I’d got, um because it’s probably considerably different now when lots of children are in sort of single parent families and all the rest, but it was considerably different then and only having one parent was really like labelling and it seems to effect everything you did, I mean sort of um, I mean we were never like seriously hard up, but then again...’

P9 appears to have discovered an alternative way of evaluating his experience:

‘It has become less important, and I can see that there’s an alternative way of looking at it.’

He goes on to say:

‘I have actually become more critical, yes I’ve become more critical of, of conventional values I suppose, yes.’

Although he acknowledges considerable ambivalence:

‘there’s a sneaking suspicion that those values ... of success and achievement and things that they actually do matter to me and although I can see that there are plenty of alternative ways of being, of um leading a

life, you know, I'm not, I think part of the problem is I haven't developed a complete alternative way of seeing things so it's still confused in a sense that I ... You know, conventional ambition, I'm quite critical of it but I don't know really whether that's something, that may well be a defence mechanism or largely a defence mechanism just to protect my, you know, because really ... I think I do ... I don't know, I think I'm still hooked into that achievement thing. Yeah.'

It is interesting to note in this passage how the participant's moral self-doubt is reinforced by his suspicion that the alternative moral framework he is moving towards merely reflects an inner flaw – a 'defence mechanism'. This appears to be an example of what Gergen (1994) calls 'cultural enfeeblement' resulting from the use of psychiatric labels which disguise social and moral relationships (see also Chapter Six). Other participants who seemed aware of the social evaluations affecting their predicaments were P10 and P15:

'having experienced the world for another 30 odd years, um, you realise that um the embarrassment and the guilt that you felt was because a) your age and b) of your background experience and so that you could um, if I went back to that situation with the knowledge that I have now, I would have literally not, a) either have laughed it off or b) walked away or told them to shut up or...' (P10).

'I told people, I've told, I've come out more in the open over the last year than I have, did before. Um, I think more so because it seems more, it

seems more of an everyday occurrence when women are getting raped nowadays. In those days it was, it happened but you didn't hear of it that much. Um maybe it was because there was a lot of women like me that just didn't say anything about it, but nowadays it seems to be on the TV, on the news, in the papers, so when I say I've been raped and I hear other women that have been raped, it's not unnatural to admit it, and I don't feel ashamed to admit to it now.' (P15).

There is a sense in these last two accounts that this perceived change in social values is liberating for the participant. It seems to provide them with a licence for greater social involvement, the possibility of re-negotiating a sense of social disqualification. This idea will be discussed further at the end of the chapter.

In summary, remarks by a minority of participants suggest that their sense of perceived difference might be linked to the evaluative context and practices of their social world.

Negative identity

Implicit and sometimes explicit in the comments above is a sense that participants regarded themselves as inferior to other people. In fact 75% (15/20) of the participants made some explicit reference to this. This often occurred in response to a question about whether the experience they had described highlighted any beliefs or ideas they had about themselves.

‘It gives me an inferiority complex. I feel inferior [inaudible]. That’s the main thing I think, feel inferior’. (P1).

‘I mean it changed my life, I mean confidence wise. I don’t feel a real person [long pause]. It’s difficult to explain. I don’t feel, I don’t feel that I should be worth living, I don’t feel [pause]. How to explain it? I don’t like the sound of my own name being called. I don’t like looking in a mirror at myself. I find it hard to accept compliments. I find it hard that somebody can care for me. And I think, I think that that’s due to that. Does that make sense?’ (P2).

‘It makes me think that I definitely am a really horrible and an ugly person and that I have been for years and that’s why I’m still as I am. Yes.’ (P3).

‘I should say 88% of the time I feel I am quite worthless. I’ve no prospects, no future, I haven’t really done that much. That was the whole idea really I suppose of me doing this voluntary thing at ___ because I would, I could say to myself “look what you’re doing, you’re doing something good”. But when I think about all the other things it seems to knock that on the head straight away.’ (P5).

‘It’s sort of like you know a Shakespearean tragedy where there’s a tragic flaw and then everything goes wrong from then on in the hero, you know, there’s something wrong with the person, there’s something about them

that doesn't work and everything goes wrong as a result of that and ... it's almost as if I sometimes feel from, after that decision at __ nothing else can go right, you know, nothing can quite recover so in that sense it's altered my life.' (P9).

'I was feeling a bit down at the time and um, slap, bang, wallop it happens again. I feel as if I've got this invisible sign in my head that says "It's OK you can use this one".' (P16).

'Um, but shame, um, I'm not sure really, it's hard to say. I know it had an effect but I'm not sure what the effect is. Um, I think I just kind of lost my self-respect really. I think it's still taking me a long time getting that back. I'm still not even sure whether I've got it now or not. I still feel a lot of shame. It's, it's sort of carried over with me, like it's stayed with me it's not really left me, it's there like a chip on my shoulder or something'. (P20).

Remarks of this kind imply that these individuals feel that they have characteristics which make them unfit for or unworthy of respect from other people. The comments about 'values' above suggest that behind each of these self-denigrating remarks there are implicit social and moral evaluations about what makes a good or worthy person.

Concealment and masking

Not surprisingly given their sense of themselves as unworthy and flawed many participants spoke about masking or concealing aspects of themselves:

‘Yeah I suppose so because, I haven’t got much, I try to make out I’ve got absolutely tons of self-confidence and all this crap but nobody really knows me. And I haven’t. I’m very good at projecting a different type of person to other people. I’ve learnt. I mean I work [inaudible] I told you [workplace]. They don’t really know what I’m like, they only see what I project to them, what I want to project to them. Because I don’t want them really to know me. Because they’re [slight laugh] they’re snobs, I don’t mean it. I have to be careful, I don’t want them to talk down to me. So I try very hard to be ‘intellectual’. More accepted.’ (P5).

‘normally they say I’m a happy-go-lucky person, but it isn’t, it’s a front. When it’s deep down it’s like I’m very unhappy and very don’t want to do anything. And that’s the side, sort of most people don’t see of me. Because when they come round I put on a different front, I try to be happy and there’s times they’re gonna get me when I’m not and they’re gonna wonder why. That’s the real me.’ (P3).

‘I wanted to tell somebody in my own family so that I could feel a bit comfortable at home. It’s like lead-, it’s like, it’s like um, I’m leading a double life and I’m acting, you know, which I don’t want to do.’ (P4).

‘I tend to keep the appearance [sigh] as if I’m in control. I’m not.’ (P12).

‘Um, that made me the person I am now? A lot of memories but I, in some ways have made me um, behave as an extremely strong person. But I’m not as strong as what I’ve always portrayed, or as other people have seen me. I’ve done that I suppose to hide behind.’ (P17).

‘I think I was, I always wanted to feel a very s-, you know determined character as you said, I wanted to try and sort of like, you know that a strong character, and by talking to anybody and by doing, by saying this it’s like saying well I’m not very strong, you know.’ (P11).

P11 goes on to say ‘I always felt nobody knows me properly’. She adds: ‘I feel a mystery to everyone’.

Overall 47.4% (9/19) of the participants made comments of this kind. The theme of masking and concealment clearly overlaps with the issue of non-disclosure which earlier analysis in this chapter and the analysis of non-disclosure in the previous diary and interview study in Chapter Six suggested was associated with the concealment of experiences which might lead to rejection or labelling by others. The theme of masking seems very much in keeping with participants having a pressing need to manage ‘destructive information’ about themselves, information that they feel would damage the way they are seen and cause them shame if it were known.

Diminished social involvement

Many participants referred to some form of diminished social involvement subsequent to the experience they described in the interview. Comments included the following:

‘I couldn’t sit in a room with a lot of people in case a person spoke to me and everybody focused their attention on me.’ (P1).

‘several people have phoned me at work, obviously they’ve got to keep a monitor if you’ve got a sick file, but I just couldn’t face them. I really didn’t want to see them, and I didn’t want them in my house.’ (P8).

‘Um ... highlight, make me aware of, yes it does, um, that, you’ve got to avoid situations where you’re going to be put on the spot, and embarrassed um and again it’s because they can’t get at you if you insulate yourself from them. Yeah, you put a barrier up between, you and people.’ (P10).

‘It is the fact that if you don’t let anybody in, you don’t get hurt.’ (P14).

‘Well I don’t go out. I don’t have a social life at all actually. [Do you think that’s partly to do with the shame that you experienced afterwards?] Yes, it, it’s fear like you know, that just. I don’t feel comfortable any more with people’. (P16).

Overall 84.2% (16/19) of the participants made some reference to diminished social involvement. All of the exceptions (Ps 5, 12, and 17) showed evidence of habitual non-disclosure which suggests that even if these individuals maintained high levels of social involvement it is unlikely that such contact would be self-revealing (this is probably less true of P17 than the others as this participant spoke movingly of her desire to change her lifetime's habit of 'bottling everything up').

Diminished social involvement seems consistent with comments made by 36.8% (7/19) of the participants about their lack of confidence. P10 for instance links lack of confidence to lack of self-respect and to how other people view him when he attempts to communicate:

'in here you lack within yourself if you like, um confidence, but also I think at the same time respect for yourself if that's not too difficult a thing to understand. You, how you perceive others seeing you, you know, and um how they will translate your um communications, your words, your thoughts into an assessment of you, yeah? Um and you always assume it to be at the bottom end of any scale. Yeah? You are not thought of as, what's the word to use [sighs] ... Worthy'.

P11 suggests that a lack of confidence in the wake of her childhood experiences has stunted the development of her personality. After saying how she is 'not very confident at all' she goes on to say:

‘I think my um, through all what’s happened to me, I think it has changed my um, or it’s, talking about personality. I don’t know whether it’s like ... stopped my personality actually developing to the full maybe, I don’t know. Maybe it’s hindered in some way, in terms of lack of confidence. But um, I don’t know.’

Comments by other participants included the following:

‘I think it’s ruined my life completely. Um, I think, you know, my childhood was not very nice in many ways, um, because of that it has ruined my adult life. It’s made me more of [inaudible] and I should have been stronger. Um, it’s definitely made me have very, very low confidence.’ (P2).

‘I’d have thought it’s just a tendency anyway in me, not to, not to quite belief in myself, at the last minute I’ve stopped believing in myself, you know what I mean. It’s sort of a confidence thing.’ (P9).

‘Um, I didn’t have any confidence at school at all. Confidence is the main thing.’ (P13).

The comments by Ps 10 and 11 suggest that low confidence of this kind is related to the negative identities participants felt they possessed. Both diminished social involvement and lack of confidence seem consistent with an overarching theme of perceived social disqualification.

Relationships

In the diary and interview study there was some evidence (reported in Chapter Six) that non-disclosure of emotional experiences was associated with problems in the individual's close relationships. In the current study participants were not probed about the effects of non-disclosure on their relationships and there were no specific questions regarding the effect of the memory they recalled on their relationships. There were, however, a number of closed questions about the effects of remembering the experience on participants' relationships, the results of which were reported in the previous chapter. Despite the lack of probes regarding relationships some participants made comments which seemed to echo comments made in the diary and interview study and which also illustrate how a pattern of withdrawal and self-protection that seems to accompany a sense of social disqualification can have a negative impact on relationships.

Four participants (Ps 5, 10, 11 and 14) mentioned how their tendency to withdraw from their most intimate relationships caused difficulties with their partners. For example:

'I suppose it makes it a lot more difficult round people because they only see that side of me and the side they like. It's the same really with my wife you know. Sometimes she keeps saying "What's the matter with you? You're not speaking. What's the matter with you?" [Inaudible] I'm just saying "Oh shut up, leave me alone".' (P5).

‘... I think subcon-, um ... the ability to close down, which I learnt then, I shut myself off, self-protection thing. Um ... it’s killed a couple of previous relationships and I mean it’s put my present one on the rocks several times. And that’s, um, that’s a thing I could directly link back. It is the fact that you know if you don’t let anybody in, you don’t get hurt.’ (P14).

These comments are similar to a number of comments made by diary and interview participants. They suggest that being closely associated with someone who fails or refuses to account for their behaviour is quite stressful and upsetting.

A second problematic set of relationship behaviours seem to revolve around aggression. Examples include:

‘I am more difficult now with people, I’m more quick to temp-, quick you know, to lose my temper.’ (P16).

‘sometimes I find that I say things ... to him that I shouldn’t, because he doesn’t deserve them, because he is kind to me and he’s always there for me. He’s always stood by me. But, it’s like ... I don’t know it’s, it’s like I push him as far as I can, just to see ... how far I can go, do you know what I’m saying?’. (P17).

‘I can be a very difficult person to get on with at times, when, especially if I’ve got things like this on my mind, like, um, and if I’m thinking about an incident I can be quite difficult. [In what sort of ways?] Very abrupt, um ... very ... not, I mean ... not moody, or maybe not show that I’m moody, but I’m very abrupt, I’m not very easy to get on with, every, anything anybody says is snapped at, you know, so, that’s if I’ve thought about, I mean that didn’t happen in the incident last week, but if I did think about it for another ten minutes or so or start pondering on it, I’ll, you know for the next couple of hours until something else has made me cheery, I’ll be quite an abrupt person. Or I would want to stay on my own’. (P11).

A remark by P10 demonstrates how protecting the self against other people’s judgements or labels may result in an aggressive interpersonal stance:

‘Um ... to avoid being judged ... um, well I’ve been um I don’t take on board um other people’s judgements of me, I’ve over a long time decided that if they don’t like it they can lump it’.

Perhaps similarly P3 says that she gives up ‘trying’ to make other people like her.

It seems likely that in many cases withdrawn and aggressive behaviour go together. For instance when P5, quoted above, says to his wife ‘Oh shut up, leave me alone’ this appears to be quite a hostile response to her complaint about him

being withdrawn. Three other participants, Ps 10, 11 and 16 also seemed to refer to both types of behaviour in their relationships.

Overall 42.1% (8/19) participants spoke about difficulties in their relationships associated either directly with the incident they recalled or indirectly when they thought about it. Given the much higher proportion of participants (80%) who referred to their diminished social involvement it is possible that the above remarks fail to represent the true extent of relationship difficulties associated with emotional withdrawal. The apparently negative impact of participants' self-protective pattern of withdrawal and/or aggression suggests that attempts to protect oneself from marginalisation or rejection from others may paradoxically lead to rejection which in turn is likely to reinforce the individual's isolation and alienation. Indeed a process of this kind appeared to account for some of the data in the diary and interview study as reported in Chapter Six.

Summary and exceptions

A summary table of the number of participants mentioning each of the themes discussed in this section is presented in Table 9.5. A complete list of statements in each category for each participant is included in Appendix 19. In Table 9.5 it can be seen that the three major categories that emerged were 'difference/marginalisation', 'negative identity' and 'diminished social involvement'. The remaining categories can be understood as throwing further light on these core categories. There were no participants in the study who failed to make statements which fell into at least one of these categories. An attempt to

identify exceptions has been made by identifying participants who only endorsed one of these three categories.

Table 9.5: categories of factors related to the broader context of emotional isolation

P	difference/ marginalis- ation	values	negative identity	conceal- ment and masking	diminished social involvement	confidence	relationship difficulties
1	*		*		*	*	
2	*		*	*	*	*	
3	*		*	*	*		*
4	*	*		*	*		
5			*	*			*
6	*		*		*		
7	*				*		
8			*		*		
9	*	*	*		*	*	
10	*	*	*	*	*	*	*
11				*	*	*	*
12	*	*	*	*			
13					*	*	
14	*	*	*	*	*		*
15		*	*		*		*
16	*		*		*		*
17	*	*		*			*
18	*		*		*		
19	*		*		*	*	
20	-	-	*	-	-	-	
totals	14/19 (73.7%)	7/19 (36.8%)	15/20 (75%)	9/19 (47.4%)	16/19 (80%)	7/19 (36.8%)	9/19 (42.1%)

Two participants referred neither to being different/marginalised or to having a negative identity, although they both made comments included in the diminished social involvement category. These were Ps 11 and 13. P11 seems to have been exceptional in this regard partly because she seemed to be very successful in her attempts to maintain a ‘strong’ persona. However behind this mask she revealed that she lacked confidence, and had suffered difficulties with her partner seemingly as a result of her withdrawn and aggressive behaviour. Earlier in the interview she also revealed quite strong shame associated with a number of painful and traumatic childhood memories. It seems, then, that the fact that P11 did not describe herself as marginalised or as having a negative identity may be because she herself identifies very strongly with the positive and ‘strong’ face

she presents to the world. P13 is probably the least prototypical participant in the study (although she still seems emotionally isolated), although as has been noted before it is difficult to infer much from her interview as she seemed to be the most inhibited person in the study during the interview itself. The differences between her and other participants could conceivably be as much due to the fact that she felt unable to 'open up' in the interview as to the fact that the dynamics of her situation are different from the others.

Only one participant, P5, failed to endorse both the marginalisation/ difference and the diminished social involvement categories. However the very strong comments he made regarding 'negative identity' suggest that he did feel marginalised and different from others and his revelation of the degree to which he conceals his personality from others (see above) indicated that his social involvement is compromised by a lack of intimacy.

Only one participant, P17, did not make comments in either the negative identity or the diminished social involvement categories. In her case this is probably due to the strategy of social re-engagement she had embarked upon with the support of a number of key people in her life, including her supportive partner.

In summary, it seems that participants in the study tended to feel that they were inadequate and flawed individuals. Presumably because of this they felt they did not fit in or were different from other people. There was some evidence in a number of interviews that this process of marginalisation reflected prevailing social norms and evaluative criteria. This uncomfortable self-knowledge would

explain the pattern of diminished social involvement described by the majority of participants, as well as the attempts at masking 'destructive' aspects of the self and the diminished self-confidence described by many of them. Finally there was some evidence that this pattern of withdrawal might create difficulties in close relationships. Such difficulties could potentially escalate into a cycle of alienation as some of the diary and interview data analysed in Chapter Six suggested.

Discussion

The attempt to replicate the diary and interview study's findings concerning the emotional isolation of psychotherapy patients appears to have been successful. In the current study a very high proportion of participants indicated that they habitually attempted to avoid discussion of the emotionally-laden experiences they described. Once again psychotherapy patients emerged as a group of people who seemed to be characterised by their emotional isolation.

As was the case in the earlier study this characteristic pattern of non-disclosure was associated with the anticipation of negative responses to disclosure on the part of other people and the anticipation of negative consequences for the self should the individual disclose. The fact that the two most salient categories implicated in non-disclosure were fear of labelling, blaming and judging responses on the one hand and feelings of shame on the other underlines the dramaturgical considerations which emerged in the previous study. It seems that the psychotherapy patients who took part in both of these studies were dealing

with what Goffman (1963) (see Chapter Three) termed ‘destructive information’, information which they sought to manage by remaining emotionally isolated from other people. This finding is also in keeping with the social model of disclosure dynamics put forward by Finkenauer et al (1997) in which the anticipation of negative responses and self-conscious emotions in the event of disclosure results in emotional secrecy.

These findings lend further weight to the notion that marker shame associated with anticipated responses plays an important part in the lives of psychotherapy patients. However the fact that only 63.2% of participants mentioned shame as a factor in non-disclosure of their experiences may indicate that shame is not always implicated in non-disclosure in this population. Guilt emerged in the diary and interview study as another factor associated with non-disclosure for some individuals, and in the current study 31.6% of participants said that they did not want to disclose simply because they did not want to be aware of the painful feelings associated with the memory (although it was suggested that the pain involved might be related to identity concerns). However participants in the current study were not probed specifically about the role of shame in non-disclosure (as they were in the diary and interview study) and for this reason it may have been under-reported.

In the concluding section of Chapter Six it was suggested that the diary and interview findings implied that the distress of psychotherapy patients might have its roots in a sense of perceived social invalidity. The thematic analysis that was reported in the latter part of the current chapter enabled this idea to be explored

in a somewhat broader context as participants talked about an intensely important emotional memory and the effect the memory had had in their lives. Most participants seemed to feel that they possessed characteristics which disqualified them from participating as valued members of their communities and some participants commented on the fact that their alienation was related to social attitudes. These evaluative concerns obviously fit in with the predominant reason for non-disclosure – a fear of labelling, blaming and judging comments by recipients.

If the alienation and emotional isolation of psychotherapy patients are related to the evaluative practices of their society this has implications for how psychotherapy is conceived of and practised. Firstly it implies that psychotherapy will be especially concerned with these evaluative practices and how an individual can re-negotiate a position as a valued and worthy citizen. In this case the practice of psychotherapy requires a form of moral engagement in the client's world (Van Deurzen, 1998; Riikonen & Smith, 1997). Such an emphasis currently sits uneasily beside the empiricist rhetoric which underpins the professional identity of many therapists as McLeod (1997) and Pilgrim & Treacher (1992) have pointed out. However it does seem consistent with evidence that belonging to marginalised and devalued groups in society appears to be a risk factor for psychopathology (see Pilgrim, 1997).

A second implication of the importance to patients of social evaluations was first suggested in Chapter One and then again in the discussion section of Chapter Six. It is that that current thinking about psychopathology is limited in its focus

on the individual as the unit of analysis. The findings of both this study and the diary and interview study suggest that a more appropriate unit of analysis might be the relationship between the individual and their social and moral context. This would be consistent with some constructionist approaches to psychotherapy (e.g. Riikonen and Smith, 1997; Capps and Ochs, 1995) as well as with Smail's (1996) critique of the individualistic assumptions underpinning most forms of psychological treatment. If this is true the ramifications for clinical practice are substantial. In particular if the locus of 'disorder' is regarded as lying within an individual it follows that it is the individual who must change. However if the locus of the problem lies in the individual's difficulty in being integrated as a valued and worthy member of a community then in many cases it may equally make sense for treatment to focus on changing the social and political mores which exclude and marginalise them. It may be the society that requires therapy as much as the individual.

Chapter Ten

Helpful and Unhelpful Disclosure of Significant Emotional Memories

Introduction

In this chapter additional material on helpful and unhelpful disclosure experiences from the self-defining memory study will be presented.

Questions in the interview regarding helpful and unhelpful aspects of disclosure experiences were intended to determine whether the findings regarding disclosure in the diary and interview study could be replicated in the context of patients' significant emotional memories. In Chapter Seven on the disclosure experiences of the diary and interview study participants it was concluded that social considerations, especially those relating to participants' feelings of validation or invalidation, played a major part in both the decision to disclose and the outcome of the disclosure. It was further concluded that the social and identity relevant concerns of participants seemed to outweigh their concern with factors relating to two alternative explanations for the benefits of emotional disclosure – the cognitive assimilation model and the inhibition model. However due to the large proportion of participants in the earlier study who did not disclose any of the emotions they recorded in their diaries (approximately three

quarters of the participants did not disclose any of the emotions they recorded) it was acknowledged that these conclusions were based on limited evidence. The purpose of the current report is to see whether similar dynamics appeared to account for helpfulness or unhelpfulness of disclosures of the emotional memories reported by participants in the self-defining memory study.

The chapter will consider three broad aspects of participants' accounts of disclosure: 1) factors relating to participants' decision to disclose 2) factors associated with helpful disclosures, and 3) factors associated with unhelpful disclosures.

The decision to disclose

Positive attitudes towards disclosure

In the diary and interview study (Chapter Seven) it was found that despite the evidence that participants tended not to disclose their emotions, and often expected disclosure to result in negative consequences, many of them nevertheless indicated that they would like to disclose. This finding was replicated in the current study.

89.5% (17/19) of participants saw disclosure as desirable, at least under some circumstances. Positive attitudes towards disclosure included the following:

‘... I’d like to actually, um ... undo, some of the things that have been done, um ... I mean I’d much prefer to be like ... it’s not about ... I’ve been ... I’d like to be a far more open person.’ (P14).

‘I’ve gone all these years being strong saying it doesn’t matter, and I kind of had indoctrination all my life, say, you mustn’t tell people you’ve, you know, um, and that’s what I’ve done for ___ years ago, ___ and a half or whatever, and now all of a sudden I don’t want to be like that any more. I don’t want to keep hiding, I don’t want to keep being strong [very distressed at this point].’ (P16).

‘I think, there’s just ... a release of dark secrets really, you know. Just say ... I think if I tell someone about it it will make myself, like a bit more, not open, just show my personality a bit better, relax you know and instead of having this feeling like you have to go in a corner and stuff like that you know this starting, you know, wiping darkness away from me. I’ve got this sense of like Oh you know, I’m all on my own, cos nobody knows about this, and nobody knows about that, so maybe if I tell someone and that’s it I’m out in the open, there’s sunshine, you know, yeah.’ (P11).

A few participants were more ambivalent. For example P12:

‘[do you prefer to keep it to yourself?] Um ... yes I do. I don’t really but I do, it’s hard to, it’s hard to explain. I do but ... even, I’ve got a very, very best friend, um, but I still you know it’s hard, hard to bring up.’

P1 said that she would only disclose if she could be sure it would help her, and P4 said that he would only disclose if it would help somebody else.

Only two participants seemed to be absolutely set against disclosure. One of these was P2 who said that there was no point because she could not change what had happened it ‘just brings it all back up and you relive it again and again’. The other was P5 who, when asked if he had any urge to talk to someone about his experience said:

‘No ... To be truthful I don’t even know why I talked about it now.’

These two participants’ remarks are in keeping with the general tenor of non-disclosure discussed in Chapter Nine. However, overall it seems that the trend towards secrecy reported in the latter chapter seems to be counterbalanced by a number of surprisingly positive statements about the value of disclosure. This is in keeping with the similar finding in the diary and interview study, reported in Chapter Seven. A full list of the statements participants made indicating positive attitudes to disclosure is included in Appendix 20.

The importance of the recipient

A majority of participants indicated that their desire to disclose was contingent on who they disclosed to. As P7 put it:

‘I need to talk about it, and I need to talk about with someone who I trust.’ (P7).

P4 talked about how he came to feel that he could confide in someone about the sexual abuse he had suffered:

‘we were just talking about sexual abuse one day you know, she was just saying that one of her, one of um, somebody in her area where she lives um somebody’s been sexually abused and um I actually felt that, I felt that I could, because the way she actually responded towards that issue and it er was sort of similar to mine, I actually felt that I um, I, I could trust her and talk about it and um I actually started talking to her about it.’

Similarly P14 says:

‘... because of the very nature of ... the subject, I’d only be telling somebody that I’d expect to be understanding. I mean I’d only tell somebody that was quite close I suppose. And thus you’d expect them to be understanding, well even you know the sheer fact that you’d tell them.’

P7 goes on to express her frustration at would-be helpers who expect her to disclose before she has established this kind of trusting relationship:

‘I had this, I don’t know if this is relevant but I’m sorry if I’m wasting your tape, but this guy ring me up, I’m sure his heart was good, I’m not ... now I mean that, and, and he said “Now tell me” he said, “what’s wrong”. [Laughs]. I said “You really, you honestly expect me to tell you what’s really hurting me and made me feel suicidal?” And he said “Yes”. I said “Well would you open your heart and tell me right now what’s hurting you?” And he said “Oh, no, I wouldn’t”. And I said “Well, why are you expecting me to when I don’t even know you!” And I sort of, you know, I laughed but I thought “urghh!”, you know, “God, do something with these people!” You know, reality!’

P8 compares the understanding he feels he can expect in the research setting with the lack of comprehension he expects from people elsewhere:

‘Because you’re telling somebody else that is researching obviously, severe experiences in people’s lives. Now you’ve obviously got some clear idea of people’s problems and how to, and just how serious it is to them ... um as opposed to telling the milkman.’

Some participants talked about how they would test out potential recipients to see whether it would be safe to disclose:

‘you assess them before you decide what level you’re going to go in at’.
(P8).

‘Um ... they seem to understand um ... and they don’t show any ridicule,
so um from that you get confidence to, to let other things come out,
yeah.’ (P10).

‘I think I remember speaking to friends and saying “Does your dad ever
hit you?” And things like this. And they used to just laugh and I just knew
then that they didn’t so, I didn’t say anything more.’ (P2).

‘Um. [Coughs]. OK [hesitantly] I think at first like telling anybody
anything first you think “Well how are they going to receive this?” And
you tell them a little bit more and you put in a bit more to test the water if
that’s OK and a little bit more in and you know the feedback was good
and I thought “Oh we can carry on here you know, it seems”. And you
know it, and yeah I felt OK you know, but always testing the water how
much you give first, you know, because, otherwise if, if you, if you sort
of let it all come out you know you’re sort of rejected on a very
fundamental level aren’t you? If you know, if you, you know if you open
your soul to somebody and all of a sudden they turn round and say “Oh”,
you know’. (P6).

For some participants the ability of a potential recipient to keep what they said
confidential seemed important. Over a third of participants (36.8%, 7/19)

mentioned that the anonymity and confidentiality of the research setting had made it possible for them to speak about their experiences in the interview itself. For example:

‘Talking to you it’s entirely different because you’re not close to me, and, you know, you don’t know the real me. So it’s easier talking to you because I’m just [inaudible], just a person, just an anybody.’ (P1).

‘It’s not something you would go talking to everybody else about is it really? [No obviously not]. And the only reason I’m telling you is because I know it can’t go anywhere.’ (P5).

The following remark by P10 makes the connection between anonymity and the potential ‘damage’ that disclosure could do to how he is seen by others:

‘[Can I in fact ask how has it felt so far talking about it today?] ... In four walls, er, and it’s going to be anonymously dealt with, um it it doesn’t to me then matter you know because it’s still, when I walk out of there now this afternoon, basically it’s still tucked up in that file up there and the draw’s shut and it’s locked it’s not, you know it’s not going round people that know me, in a work situation and and whatnot and giving people ammunition to look at me in a different light or look down on me, or.’ (P10).

Overall 63.1% (12/19) participants suggested that if they disclosed it would be contingent on finding a recipient who had the appropriate qualities. A full list of participants' statements regarding desirable characteristics of recipients is included in Appendix 21. These qualities seemed to include understanding, trustworthiness and confidentiality. All these qualities and many of the remarks quoted above seem to be consistent on the one hand with an overarching concern with the potential 'destructiveness' of disclosure to the individual's identity in relation to others, and on the other with a desire to, in the words of P11, 'wipe away the darkness' of such information by disclosing in a context where they will be accepted and understood in spite of their past experiences. These remarks also imply that while participants may choose to keep themselves to themselves they are alert to the possibility of disclosing if and when an opportunity to do so safely presents itself.

Numbers of helpful and unhelpful disclosures

Probably because the study was not limited to recent specific occurrences of emotion (as was the case in the diary and interview study) most participants spoke about experiences in which they had disclosed to other people. 73.7% (14/19) of the participants spoke about experiences of disclosure which they regarded as at least in some respect helpful. 63.1% (12/19) participants spoke about an experience of disclosure which they regarded as unhelpful. Just under half of the participants (47.4%, 9/19) described both helpful and unhelpful experiences of disclosure. While the number of accounts of helpful disclosure in the current study is exactly the same as the number in the earlier study there is

considerably more data on unhelpful disclosure (there were only four instances in the previous study).

Helpful disclosure

In this section accounts of helpful disclosures will be examined to see whether the social factors that appeared to account for much of the benefit of helpful disclosures in the diary and interview data played an equally important part in the helpful disclosure experiences reported in the current study. Following a note on the varying degrees of helpfulness in the disclosures a similar format to that used in Chapter Seven will be followed. Firstly elements related to a social account of disclosure dynamics will be presented. Then an attempt will be made to identify material related to two alternative models for the benefits of disclosure, the cognitive-assimilation model and the inhibition model. Following this consideration will be given to evidence which is problematic or exceptional, and the findings will be considered in the light of the conclusions drawn in Chapter Seven.

Varying degrees of helpfulness

Participants varied considerably in the degree of helpfulness they attributed to the disclosures they described as helpful. On the one hand some participants described highly beneficial experiences. P7 for instance said:

‘Um ... you said helping, talking has been the only thing that’s helped me’.

Similarly P6 says:

‘when I do see him, you know, we get on the same wavelength, it’s brilliant, you know, it’s partly because we understand one another and he was very helpful.’

A full list of statements which seem to indicate clearly helpful disclosures is included in Appendix 22. On the other hand some participants described experiences of disclosure in which helpfulness was clearly limited, as seemed to be the case for P18 talking about how helpful his disclosure was:

‘Not a lot, slightly but er not a lot. Mind you if probably if I hadn’t said anything I’d have gone completely mad by now.’

Other participants described unhelpful aspects that seemed to work against the helpful aspects of the disclosure. For instance in the following account of disclosure by P9:

‘she also, I think she did make the judgement that it was a bit daft as well’.

Or the following by P19:

‘I don’t think they really understood how I felt at the time, um. As I say they did what they could, they sort of um were always there on the phone if I needed them sort of thing, you know, but er...’

Over half of the participants who talked about helpful disclosures described helpful disclosures that seemed to be compromised or qualified (57.1%, 8/14). A full list of statements to this effect is included in Appendix 23. In fact only 31.6% (6/14) of the helpful disclosers gave accounts of disclosures which seemed unequivocally helpful to them. Further consideration will be given to elements which may have compromised the helpfulness of disclosures in a later part of this section.

Social factors in accounts of helpful disclosure

First of all, in line with Kelly and McKillop’s (1996) suggestion that the outcome of disclosure will depend on the nature of the recipient’s response to disclosure, participants’ remarks about how the recipient responded will be examined.

Understanding and supportive responses. Participants were asked both how the recipients responded to their feelings and what qualities they were aware of in the recipient when they disclosed. 92.8% (13/14) of the participants who described helpful disclosures referred to responses by the recipient which were supportive or understanding. Examples include:

‘[And what was it that made you feel better, was it...?] Um just the comforting of it, somebody there to comfort me, while I was thinking about it and saying it and you know, I knew that, you know, they now understood why I was like that over a period of [inaudible] you know, so.’ (P11).

‘She understands me because she has known me since we met in 19__’ (P8).

‘talking has been the only thing that’s helped me, talking, not just talking but the person I speak to is key in that, their attitude to me, gentleness is one thing, one particular lady who helped me was wonderful. She totally, I mean she came to my home and I remember saying to her, it sounds stupid, you’re real and you’re here, and she didn’t laugh, she just put her arms round me, she knew what I meant’. (P7).

‘She felt sorry for me. She knows what I went through as well.’ (P1).

‘Er, well the few I have approached, say my parents and friends, they always seem to be sympathetic.’ (P18).

A full list of relevant statements is included in Appendix 24.

Just under half of the participants who spoke about helpful disclosures (42.8%, 6/14) said that the recipient had in some way affirmed the validity or legitimacy of their position. P6 expressed this very clearly:

‘It’s good to hear that other people, well basically fuck up if you don’t mind the phrase, and you know and people aren’t together, cause people are very good, I think so in our society, are very good at putting on a front that they are in control and that everything’s you know, but he’s not and I’m certainly not when things go wrong. And it’s nice to see other people do the same, you know, it’s OK to mess up, you know ... He made me feel human whereas the people that I worked with, they didn’t, they didn’t make me feel human at all, I felt ... I felt as if there was something really wrong with me, you know. You know it’s all about trying to feel normal, even now that I’ve done some very human things you know, that doesn’t mean to say that I’m written off you know.’

P7 expressed a similar perspective:

‘Psychotherapy is so helpful, talking to this lady is so helpful, but it is, it’s like ... I think it’s Carl Rogers really, she’s accepting, she’s accepting me and my feelings with respect, not telling me “You shouldn’t feel that”. Not saying “Were you that blitzed?” She’s just accepting me and my feelings and that’s like um, I suppose it’s like an ointment really, it’s OK to be the way you are, not telling me I should be thinking or feeling something else.’

These two statements seem to go to the core of what has been argued at various points throughout the thesis, that a major reason for beneficial disclosure is that it allows for the moral re-valuation of the discloser – a process which is obviously highly contingent on the attitude the recipient communicates to the discloser and what they disclose. Ps 3, 9 and 19 noted similar processes although somewhat less emphatically.

A few participants who described helpful disclosures (21.4%, 3/14) indicated that the recipient shared some kind of similar experience with them. As P6 says in the following quotation this can also have the effect of making the discloser feel that they are normal and that their problems are ‘human’ and acceptable:

‘he will often ... how he behaved in a certain situation, he would bring into say, you know, an experience he had with his wife, __, that left him [...] and, and how, you know the emotions that he had welling up inside him. Um, how his logic would go. He would actually use his examples of how he felt and as I said before, he, he has a way of, because of some of the insightful things he would say, er, I knew that he had only experienced it, I knew that he had experienced something very similar and that, and the sort of, that the, the sort of humour, do you, if you like the idiosyncratic humour that was between us, it was something you could only experience, you couldn’t sort of you know bring it about in any other way and, yeah, that made me feel good, it made me feel human and er, you know that’s how he is basically.’

P7, another participant who, as we have seen, clearly found disclosure very helpful, also implies that this was a factor:

‘I mean some like the lady who I said, you know who I said was wonderfully gentle, she was perfect, I felt safe with her, she was a Christian, she had been through it herself, which might be a really big key, as she knew something of where I was coming from and she wasn’t judgmental, which is a big thing.’

In this remark P7 connects the recipient’s similar experience to the fact that she was not ‘judgmental’ suggesting that this theme is congruent with the general theme of the recipient ‘understanding’ what the participant says in the context of letting them know that what they say is compatible with them being a valuable person.

With the exception of one case, P13, whose response will be considered later, the data implies that the benefits of disclosure are associated with the response of the recipient. ‘Understanding’ and valuing by the recipients seemed particularly important. Later some qualifications which emerge from a consideration of the varying degrees of helpfulness will be discussed. However before that participants’ comments relating to social outcomes of disclosure will be presented.

The social impact of helpful disclosure. Participants were asked to say why instances of helpful disclosure were helpful, although they were not probed about the effect of disclosure on relationships as was the case in the earlier diary and interview study. In spite of this nearly half (42.8% 6/14) of the participants reporting helpful disclosures referred to social benefits arising from their disclosure.

28.6% (4/14) made comments which overlap with their descriptions of how the recipient responded to them and which suggest that one outcome of disclosure was to make them feel more solidarity with other people. P6 has already been quoted at length saying that he felt more ‘human’ and ‘normal’ as a result of the way his recipient responded to him. P7’s comment about her recipient’s acceptance of her being ‘like an ointment’ has also been cited. P10 seemed to value the fact that as a result of his disclosure his attitudes and behaviour would be understandable to his recipients:

‘they’ve taken it I hope as information, you know, as perhaps one of the many, many complicated things in the past that’s forming my attitudes and reactions to situations today.’

P11 also seems to derive relief from the fact that following disclosure her behaviour has become more understandable to the recipient:

‘[And what was it that made you feel better, was it...?] Um just the comforting of it, somebody there to comfort me, while I was thinking

about it and saying it and know, I knew that, you know, they now understood why I was like that over a period of [inaudible] you know, so.'

In these two cases the participant seems to be relieved that the account they have been able to give justifies something about their current behaviour that is or has been problematic. This is consistent with a suggestion, made on the basis of some of the data presented in Chapter Six, that non-disclosure and negative concomitants of non-disclosure might actually lead to further isolation and labelling since an individual who silences themselves in this way is unable to give an adequate account of their behaviour.

In three cases participants indicated that disclosure had resulted in the disconfirmation of a negative interpersonal expectation associated with disclosure. One of these is P6 whose detailed comments about his helpful disclosure have already been extensively quoted. Disclosure in his case seems to have disconfirmed his expectation that other people do not 'mess up' and that there is something 'wrong' with him. P9 talks about how the recipient of his disclosure disconfirms his belief that the event is a damaging 'skeleton' in the cupboard:

'when I told her this thing about __ she sort of said "Oh well that's not..." Fairly relieved really, "I mean that's a minor point it's not as if you've got a previous wife or a child or something you know that you haven't told me about, and um, you know a lot of people obviously have,

I mean as skeletons in the cupboard go I suppose it's quite innocuous really". I mean I'm kind of aware of that as I'm talking about it.'

P1's recipient said that she had never noticed the characteristic (connected with her memory) that she believed was very stigmatising. She says:

'That was very helpful because I thought "Ooh" you know "great, she's [age] and she's never noticed it" sort of thing.'

Two participants also commented that disclosure in the interview itself was helpful in dispelling a negative interpersonal expectation. In P7's case it was whether a man could be trusted with information that was personal and painful:

'Well in a way I'm trusting you and that's good for me, though I have to say I'm not sure you're trustworthy and that's not a personal insult at all, it's just where I am, I'm trusting you and then that's quite something so that's helpful for me if I can actually really work that through in my mind, I'm trusting you with something very personal and painful.'

P15 made a similar comment:

'[How has it felt so far talking about it today?] Not very good. [Laughs]. It's been OK, I mean, it's not the first time. [Not very good?] Well, it's the first time I've actually really sat and talked to anybody to this extent about it, um, I'm not sure I'm going to cope when I walk out the door, but

... No, I'm fine, it's good to be able to talk about it, especially as you're a man, don't take that the wrong way, but um it's, I'm not quite sure how it's going to affect me when I go out that door.'

Additionally several participants' comments about the positive responses of their recipients indicated that they contrasted this response with what might have been expected. P7 mentions a number of things that the recipient of her disclosure did *not* do. She was not 'judgmental', she 'didn't laugh' and she did not tell P7 that 'it was rubbish'. Similarly P10 talked about how his recipients 'don't show any ridicule'.

In summary many participants mentioned that disclosure had resulted in interpersonal benefits. These benefits seemed to revolve around on the one hand being understood and valued and on the other disconfirming negative interpersonal expectations. However less than half of the participants mentioned these benefits. This may reflect the fact that this aspect of helpful disclosures was not probed. It may also reflect the fact that not all of the disclosures were experienced as unequivocally helpful as mentioned above.

Summary of social elements in helpful disclosures. As was the case in the earlier diary and interview study there appears to be ample evidence that social considerations play a part in both the decision to disclose and the outcome of disclosure when it is helpful. Just as in the first part of this chapter it appeared to be the case that participants wanted to disclose to people who would be understanding, trustworthy and able to keep their confidence, so when it actually

came to disclosure helpfulness was associated with recipients who were described as understanding, supportive and valuing. Some participants reported that as a result of this they felt more understood and that the experience helped disconfirm negative interpersonal expectations about disclosure. These social considerations are compatible with the dramaturgical or Goffmanesque dynamics proposed in Chapter Six in which disclosure decisions and outcomes are related to the individual's need to manage the potential 'destructiveness' of information about the self. This perspective is also of course congruent with the two major factors which emerged in the data on why participants do not disclose – fear of labelling, blaming and judging and shame (Chapter Nine).

In the following paragraphs evidence relating to the two alternative theoretical accounts of the benefits of disclosure noted in Chapter Three will be examined.

The cognitive assimilation model

No participants appeared to have noted that the helpful disclosures they described led to greater self-awareness or clarity. However two participants did say that their participation in the interview itself had led to greater clarity or self-understanding. P9 appeared to have developed greater clarity about his experience as a result of talking about it in the interview:

'I managed to see a bit more of, that it can be seen as a positive step, what I did and it can be seen as um, you know a move towards defining my own life. And um, yeah it just kind of clarified a few things for me, made

a few connections that I hadn't really quite seen. I'm trying to think be more specific, it's hard but, you know, yeah, it just began to, it helped me see how it does fit into the pattern a bit more and it helped me see how some other things led up to it. So it did start to order it for me more, yeah definitely.'

P8 said that the interview had helped him identify new aspects of the situation that he had not been aware of before:

'I, it's surprised me that there was so much I hadn't noticed, from the questions you've posed really [...] I've learnt something new, um about the shame side of it and about my response to it, yeah.'

P17 seems to imply something similar when she says:

'Each time I talk it releases something. [Yes, have you felt that happening today?] Mm. I found that's felt very much about the shame.'

Finally P6 says he is seeking some kind of understanding when he talks to people about his experience:

'it's sort of trying to concertining it together, but occasionally I mention it and say why would somebody want to ignore me for so long, you know, what was it all about? And I get different answers from different people.'

If all these four participants are included that means that 21% (4/19) of the participants mentioned factors associated with the cognitive assimilation model of disclosure in the course of their interviews. The fact that these factors do not seem salient may well reflect the fact that there were no questions in the interview specifically enquiring about participants' increased self-understanding or clarity as a result of disclosure, however the fact that these four participants made comments which refer to it suggests that it may be one aspect of helpful disclosure. There are some suggestions in the study that self-understanding may occur as a by-product of 'being understood' by another. It is implied to some extent in P9's account (the fullest account that seems relevant to the cognitive assimilation model) quoted above in which he talks about how his increased clarity involves the realisation that the apparently shameful event may actually be seen as a positive step in which he began to define his own life. In this respect becoming clearer and putting things into perspective can be seen as an outcome of developing an account of one's experience in which the individual can be understood by others as, in Riikonen and Smith's (1997) words 'a morally worthwhile person' (p 109).

The inhibition model

Over a third of the participants (35.7%, 5/14) who described helpful disclosures made comments that suggested disclosure was beneficial because it reduced tension. The three clearest examples are:

‘I’ve come away on a number of occasions feeling ... um ... lighter, less um down, less depressed if you like.’ (P10).

‘sort of sometimes it helped to give me a lift up from depression, you know it was a bit of relief from depression and anxiety about it.’ (P18).

‘It was just the release of it more than anything else, um, see up until then I’d sort of been the bad guy in the whole thing. And I think it was my way of sort of, by telling other people was letting other people realise just what she was like sort of thing, you know. That it wasn’t all me, you know, or as I’d been led to believe. So I guess by telling someone else it made me realise I perhaps wasn’t so bad.’ (P19).

The following remark from P13 is perhaps a slightly tenuous example:

‘a bit relieved to talk about it to someone’.

And this final example from P16 suggests that she feels something has been released although she does not say so in as many words:

‘[And have you found talking about the experience in any ways helpful?] yeah. I’m not, I don’t get so upset now as I did at first ... I feel as if I, you know, I’ve done all my and everything’.

In addition to the comments above there were two comments made by participants about their experience of the interview itself. One of these was a comment by P17, already quoted, who said that 'Each time I talk it releases something'. The other comment was made by P14 who said about the interview:

'Um ... Yeah, um, in a general way as I said I mean oddly enough it's quite relaxed me'.

If all of these responses are counted it means that half (7/14) of the participants who reported helpful disclosures made some reference suggestive of the inhibition model.

As noted in Chapter Seven the three models of the benefits of disclosure are not mutually exclusive. In that chapter it was suggested that feelings of release might naturally accompany the sense of relief that would follow an experience of disclosure when a negative interpersonal expectation is disconfirmed. In the current study this seems most likely in the case of P19 who (as quoted above) relates a feeling of 'release' to the moral re-evaluation that occurs following his disclosure when (presumably as a result of the feedback he gets) he begins to stop feeling 'the bad guy in the whole thing'. A similar interpretation could also plausibly be made for P10 whose disclosure, as noted previously, seemed to be characterised by disconfirmation of his expectation of ridicule and the use of personal information as 'ammunition' against him.

Interim summary and conclusions

As was found to be the case in Chapter Seven there was considerable evidence that social considerations were important in participants' decisions to disclose and in the degree to which they regarded the disclosure as helpful. While there is some evidence in favour of the other two models of the benefits of disclosure, this suggests once again that, as Kelly and McKillop (1996) have argued, the outcome of disclosure is related to the nature of the recipient's response.

Exceptions and limitations

At the beginning of the study it was stated that the findings regarding helpful disclosure were complicated by the fact that just over half the disclosures reported as helpful also contained elements which compromised that helpfulness. In the next paragraphs three factors that appear to limit the helpfulness of broadly positive recipient responses will be considered.

Lack of depth. In Chapter Seven it was argued that in one case where a 'helpful' disclosure seemed to be mixed with unhelpful features this might be attributed to the participant's manner of disclosure. Indeed it seemed that the disclosure in question may have amounted to little more than the participant saying that she was 'fed up' and leaving it at that. However so far in the thesis little attention has been paid to the manner in which participants disclose. Nevertheless it seems likely that the manner of disclosure will often influence its outcome. Indeed this is also strongly indicated in research by Pennebaker and his colleagues. For example in Pennebaker and Beall (1986) (described in Chapter Three)

participants who only gave a factual account of an upsetting experience did not appear to benefit from disclosure. A number of those for whom the helpfulness of disclosure seemed to be limited acknowledged that they had not given the recipient a very full account of the experience:

‘[You talked about it to your daughter?] Yeah, not in depth.’ (P1).

‘[So would you actually talk to her about how you felt about it?] No, I wouldn’t. But then I think she would know, you know.’ (P13).

‘I didn’t really go into great details because I was a bit ashamed as well.’ (P4).

One participant seemed also to have compromised her ability to communicate by getting drunk:

‘I think it was helpful but I had to get pissed before I’d talk about it. I had to get absolutely blotto first.’ (P3).

In each of these cases the participant seemed somewhat equivocal about the value of disclosing. These cases constitute half of the instances of ‘semi-helpful’ disclosure (50%, 4/8) and remarks of this kind were also made by many participants describing unhelpful disclosures (see below). It seems then that even when recipients of disclosures are generally positive and accepting the helpfulness of the disclosure is likely to be compromised if the manner of

disclosure distorts the recipient's ability to respond accurately to what they are saying. In dramaturgical terms this seems consistent with the idea that in order to re-value what the discloser takes to be 'destructive information' that information must be open to inspection by the recipient. In this sense the discloser must take a risk that the recipient will not respond in a validating manner, although material in both this and the earlier study strongly suggests that participants will have made quite detailed risk assessments before taking the plunge.

The limitations of sympathy. In both the earlier diary and interview study and the current study some participants indicated that one of their reasons for non-disclosure was their desire to avoid certain kinds of apparently positive and sympathetic responses from other people which they nevertheless found unhelpful. A clear example of an unhelpful 'positive' response to an actual disclosure appears in the following account of partially helpful disclosure given by P19:

'I mean, I don't think people really understood how I felt and as I say they were just sort of sympathetic and that was it sort of thing, you know, just forget it and get on with your life sort of thing.'

Here the recipients' sympathy seems to be tempered by the message that it would be unacceptable for the participant to go on feeling the way he does, that what he 'should' do is 'forget it and get on with' his life. A response of this kind seems to indicate that the participant's experiences are not regarded by the recipient as entirely acceptable, and to the degree that this is the case sympathetic responses

of this kind may be experienced as invalidating. In this regard there may be an important distinction to be made between participants who experienced their recipients as 'sympathetic' and those who experienced them as 'understanding'. Interestingly all of the five participants who said that their recipients were 'understanding' or that they 'understood' (Ps 6, 8, 10, 11 and 17) described disclosures which seemed to be unequivocally helpful whereas all of those who described their recipients as sympathetic (Ps 19, 3 and 18) seemed ambivalent about the helpfulness of their disclosures (although it should be noted that one participant, P3, described the recipient of an unhelpful disclosure as 'understanding'). Once again this seems to reaffirm the importance of the evaluations that are communicated by the recipient to the discloser. In the cases examined in this paragraph the recipient may only be accepted in a conditional manner, the 'destructive information' may be re-affirmed as 'destructive'.

The clearest example of this comes from P3. P3 appears to believe that she can only be a 'morally worthwhile person' if she is able to have a child. For example she describes how not having her own family makes her feel like a 'loner':

'I mean when I was on holiday I felt very jealous that the families with their children - couldn't cope with it. I thought that should be me. I shouldn't be here on my own. I should have a family and kids. I felt very, very, very jealous, thinking they're happy, they've got everything. They've probably got good jobs, whatever they do, but here's me, I'm a loner again. I'm on my own.'

So central is this view of how she should be that she says that she does not see life as worth living if she cannot achieve it:

‘if I can never have a child through any means, people throwing me back, it’s going to upset me so much, I wouldn’t wanna live because that is my life.’

In this context P3 describes how the recipient of her disclosure, a therapist, responds by apparently whole-heartedly supporting the participant’s perspective as she talks about her difficulties getting IVF treatment:

‘[I think you said before actually, that she responded sympathetically.] Yeah, she did and she more or less said she knew the reasons why I’d done it. It was because I wanted help from my practice with this, this and she agreed that they were laxadaisical in not sending out the information and she agrees that I could get stressful by that [...] she agrees that the fact this happened because they are, that’s how they deal with things and she said yeah it would helped with me if they were more forward.’

The problem with this, as the participant acknowledges, is that ‘I knew she couldn’t do anything, she all she said to me was, keep on at them’. The sting in the tail would seem to be that by agreeing with the participant in this manner the therapist has tacitly supported the social evaluative criteria, so salient to her client, that a woman cannot belong or be valued unless she has a family.

P13. P13 was the only participant who said an experience of disclosure was helpful at the same time as failing to indicate that the recipient was supportive in any way. Given that this participant seems to have found it difficult to open up in the interview itself this may have been because she did not communicate any of the positive attributes that the recipient possessed in addition to having a 'blank expression' and being unable to understand the recipient. However, given that P13 was one of those who seemed not to have disclosed in depth it could have been the case that she blamed herself for the lack of helpfulness of the disclosure, but nevertheless regarded her attempt to disclose to the recipient (who was a psychiatrist) as a helpful step in the right direction. Unfortunately, given the lack of detail in the interview, sadly once more it seems that all that can be done is to note that her responses did not seem clearly to fit the general pattern.

Summary and conclusions regarding helpful disclosure

On the whole the findings in Chapter Seven concerning helpful disclosure have been replicated. There is considerable evidence both in the participants' accounts of factors relating to participants' decision to disclose and accounts of actual disclosures themselves that the way that the recipient responds is a key element in the outcome of disclosure. This supports the perspective of Kelly and McKillop (1996) who argue that the research literature on emotional disclosure has paid insufficient attention to the role of the recipient in mediating the benefits (and, they point out, harms) associated with disclosure. However the current findings also suggest that the manner of disclosure may influence the degree to which supportive responses (or potentially supportive responses) can be utilised.

Further to Kelly and McKillop's work the current data also seems to echo the dramaturgical themes which emerged in the diary and interview study.

Comments by many participants seemed to indicate that what they hoped to achieve and what they did achieve when disclosure was helpful was a reversal or disconfirmation of expected negative judgements. This was consistent with the fact that sympathetic responses which nevertheless did not seem to be 'understanding' seemed to be less helpful since in these cases it would appear that the evaluative criteria responsible for making certain information about the self 'destructive' remained unchallenged. In the final section of the chapter an attempt will be made to see whether social and dramaturgical themes are also prominent in the participants' accounts of unhelpful disclosures.

Unhelpful disclosure

63.1% (12/19) of the participants provided some details of unhelpful experiences of disclosure. The following analysis will be based around three aspects of the accounts: the manner of disclosure, the response of the recipients, and the effects on the individual of unhelpful disclosures.

Manner of disclosure

Nearly half of those who described unhelpful disclosures indicated that their disclosure had lacked depth (41.7%, 5/12):

'I mean I did hold back' (P2).

‘a brief explanation really is all that is required to satisfy any interest’.
(P8).

‘I was just admitting to something that had happened. I didn’t feel anything. I sort of came up with the subject and dropped it just as quick.’
(P15).

‘I have mentioned it, I mean to a few of me friends now, but they don’t know what happened like in detail.’ (P16).

‘[Did you tell them how you felt or do you think...] No I don’t think I really told them how I felt.’ (P19).

It also seems likely that P3’s unhelpful disclosure lacked depth:

‘I said I’ve tried to talk to somebody about it but I just don’t feel, I’m kind of walking around in a daze, I said I have been, I said somebody could be talking to me and I’d be like on cloud ten, I wouldn’t be registering.’ (P3).

Lack of depth of disclosure seems likely in at least two more cases. P6 acknowledged that he tended to conceal feelings of vulnerability and it is therefore possible – especially given his sense of insecurity (see the later section on effects of unhelpful disclosure – that his unhelpful disclosure lacked depth in

this regard. Finally when P11 describes her instance of unhelpful disclosure she simply says that her mum ‘found out something’. This remark suggests that P11 is distancing herself from actually being the agent of disclosure, which implies that disclosure was reluctant and partial.

The evidence for a lack of depth in the unhelpful instances of disclosure underlines the fact that disclosure outcome is likely to be dependent on the manner of disclosure as well as on the response of the recipient, as was suggested in the previous section. It seems likely that this lack of depth is related to the anticipation of negative responses from the recipient if they were to know too much. In this respect it would be congruent with the findings concerning the reasons for non-disclosure reported in Chapters Six and Nine.

Although not all participants who spoke about unhelpful disclosures revealed the manner in which they disclosed one case was clearly exceptional. P14 spoke of an unhelpful instance of disclosure to a psychiatrist in which he appears to have spoken in depth about his experiences and to have become emotional as he did so:

‘it was just a case of er ... it was like emotional, whatever that had been put on hold then it just came out, um and er yeah I mean I did get quite upset.’ (P14).

The reasons why he experienced this as unhelpful will be considered later in the section.

Recipient responses in cases of unhelpful disclosure

83.3% (10/12) of the participants indicated that a recipient had responded in a manner which appeared to be invalidating (the full list of relevant statements is included in Appendix 25). P2 said that her recipients were ‘critical’ of her. P6 said that he felt that his recipients ‘didn’t want to listen’ and were sometimes annoyed with him. P7, having been asked if there were any unhelpful aspects of a helpful disclosure she had described, said:

‘[Sighs] Only with those people that lacked respect for me, my faith, didn’t treat me with dignity, didn’t have sensitivity and didn’t listen, and were judgmental [laughs] in any way, any time that came into it.’

P8 having initially said that people would be ‘sympathetic, understanding’. However he then said to the interviewer ‘you must appreciate that they wasn’t there, they don’t do my job’ and agreed that he did not think they would be able to understand. P18 spoke about how he tried to speak to a doctor but ‘was whipped through in about two minutes without really listening to what I was saying’.

A subgroup of the descriptions of unhelpful disclosure seemed to fit in with the experiences recalled by participants who described ‘semi-helpful’ disclosures where recipients were sympathetic but also dismissive. P3 described how a friend of hers:

‘understands because he’s had a friend, and he’s been in that situation, not himself, but with somebody like that, so he understands. So he doesn’t think I’m a bad person’.

However she goes on to say:

‘but he doesn’t want me to be like this. He thinks that you can just snap out of it. But I mean you can’t. You can’t. It’s like turning over a leaf in a book, you can’t just change. You know. You just can’t.’

If her recipient wants her to be different this seems to undermine his apparent acceptance, and would seem likely to reinforce P3’s belief that there is something wrong with her. Other examples include the following one described by P14 (speaking in this instance about disclosing to his wife and not the exceptional case when he spoke to a psychiatrist mentioned above):

‘the few times I’ve like talked to my wife about it I actually um ... she’s the sort of person that would um well she’d, she’s like just too practical, um “Oh that happened __ years ago, well not, __ years ago, it’s not applicable now”. But I mean she’s a very day-to-day sort of person.’

Similarly P15 spoke about disclosing to her ex-partner:

‘he like he said I should let the past go.’

P16's friends seem to have had a similar attitude:

'Um ... they just say "Oh dear", like. [Laughs slightly]. [They say "Oh dear"?] Yeah. [And is that what you'd expected them to say?] I don't know. I'd have liked one of them to at least you know, to be able to talk to, bring it up again like But I don't feel as if I can do that. I think people expect me just to carry on ... you know, put it aside.'

Finally P19 described how his friends:

'sort of, you know they were very vague, they didn't want to sort of uh, you know, basically they were saying sort of "Get on with your life and forget about her like" you know. I mean it's easier for other people to say that.'

In his case there appears to be little difference between his descriptions of 'semi-helpful' disclosure and his account of unhelpful disclosure (and indeed it is quite hard to differentiate between the two in his interview). This subset of invalidating responses is noteworthy because the invalidation is subtle and often mixed with apparently supportive responses. It sheds more light on one of the 'reasons for non-disclosure' categories – that of unhelpful positive responses. It is easy to see how responses of this kind might reinforce a participant's sense that an experience if disclosed conveys 'destructive information' about the self.

There were three instances in which there was no evidence that the recipient was invalidating. In one of these, that of P11, the recipient, her mother, was 'annoyed' and 'upset'. Rather than being an invalidating response she seemed to be annoyed and upset because she was concerned for her daughter with whom she clearly had a close relationship. In this instance it seemed as if the unhelpfulness of the disclosure might be related to the guilt that the participant felt at upsetting her mother (if she had kept it secret she would not have upset her mother). This seems to amount to an instance where the social response is related to the negative outcome of disclosure, even though that response is not clearly invalidating. In the case of P10 the unhelpful disclosure is not described in detail but occurred in the interview as an adjunct to his description of helpful disclosure. In his case unhelpfulness seems to be related not to an actual invalidating response from the recipient but to fantasies about how the recipient might have responded to him. P10's instance of unhelpful disclosure will be discussed in more detail in the next part of this section on the effects of unhelpful disclosure. The final exception, P14's description of disclosure to a psychiatrist, is the most striking as he describes how:

'I probably thought that she wouldn't think it, anything derogative of me by telling her. [...] I didn't take her as a threat'.

As was shown earlier he also appears to have disclosed at an emotionally deep level. The reason that he described this experience as unhelpful was because having 'bonded' with this psychiatrist she then left the service and this seems to have confirmed his fear of being abandoned if he revealed his vulnerability:

‘cos this person that I started to depend upon had gone again.’

This could perhaps be construed as a delayed invalidating response, although, as the participant himself acknowledged it was clearly not intentional but reflects a system in which junior doctors are rotated around different departments.

Notwithstanding these exceptions it seems that unhelpful disclosures are generally associated with responses by the recipient which appear to be invalidating. It seems that many of these invalidating responses are quite subtle occurring in the context of apparently benign responses. These findings seem to provide further evidence in support of the social and dramaturgical approach to disclosure dynamics.

Effects of unhelpful disclosure

The material in the current interviews is somewhat less extensive than material from the diary and interview study with regard to the effects of disclosure since, as mentioned above, there were no specific probes concerning this. Three sub-themes that did seem to emerge will be discussed.

Letting slip destructive information. Some participants described how experiences of disclosure had resulted in feelings of increased exposure and insecurity about their status in relation to others. This was clearly expressed by

P19. He had earlier said that he feared people getting ‘an impression’ of him if he disclosed, and added:

‘I just didn’t want people to think I was perhaps weak and sort of er, insecure or, um a bit soft sort of thing’.

When the interviewer asked him whether he thought this had in fact happened in the experience of disclosure he talked about, he replied:

‘Yeah I think so, yeah definitely. Yeah it didn’t have the desired effect. I mean, I don’t think people really understood how I felt.’

P6’s experience of unhelpful disclosure also seems to have left him feeling very exposed and vulnerable to the negative opinions of other people:

‘I made the, I made the awful mistake in talking about it to __, er, which wasn’t a good idea, and as soon as I’d imparted all that I had to say, then I would start feeling insecure because I’d think that I wasn’t either understood or that it was actually, um, showing some vulnerability in me that I didn’t want to be opened up, you know, it was leaving myself wide open and I didn’t feel safe that they had that information about me.’

P6 goes on to talk about how as a result he felt:

‘more like the outsider, yeah, very much so, there seemed to be them and me, I was always the peripheral character there, or felt that’.

For these two individuals the feelings of exposure seem to have been triggered at least in part by the way other people responded to them (see above for the ways recipients responded in both cases).

P10 appeared to experience similar anxieties in the absence of negative feedback of this kind. In the following passage he describes how he feels sometimes when he has spoken to the social worker or CPN who are the ‘understanding’ recipients of the helpful disclosures he described previously:

‘I’ve been up there and I’ve come away and thought, pher, you know, why did I tell them that, you know, what was the reason for going down that course and saying some of the things I did, whether I’d er, the fact that I might believe them or um that’s my outlook on life, is why did I tell them that you know and will they not now look at me in a slightly different perspective, you know, being too fatalistic or um pessimistic, and er, and having tried to explain why, have they um, or will they say “Well this is personal experience which wasn’t good, being, being tainted or coloured by his own feelings of depression and making it worse, making his outlook go down in um hope if you like um expectation”. Mm. Difficult to explain.’

What seems to be at issue for this participant is whether the recipient would regard his feelings as understandable in the light of the experiences he disclosed, or whether the recipient would regard what he said as evidence of some kind internal dysfunction. The fact that he feels so insecure about this in the absence of any apparent (at least from his account) evidence of a negative response suggests that his social antennae may be especially alert and prone to interpret even an absence of response as evidence of a negative (though unstated) evaluation on the part of the recipient. P3 describes an attempt at disclosure which also results in her jumping to conclusions about what is going through the recipient's mind:

'Hate people not answering. There was one person here that I first came to see and er she says, - Oh never mind what she said. She says "Do you mind if I tape record you?" I said "Yeah I do mind actually". Because she was new and she sat there and I sat there. I looked at her, she said about one word, I says "I'm not staying, I'm off". Because she didn't know how to handle it. It was probably her first thingy and I thought "I'm not giving you information for you to sit there and just think I'm a pratt, and I'm off". And I never came back for two years.'

The experiences of these two participants suggest that participants in some cases may be hyper-alert to signals of negative evaluation when they disclose.

Overall 33.3% (4/12) of participants who described an instance of unhelpful disclosure referred to feelings of interpersonal exposure and vulnerability.

Pain without gain. A number of other participants seemed to regard unhelpful disclosure as an uncomfortable or painful experience which had no benefits:

‘I know in my own mind my memories and the effect they have on me. I know why I’m the type of person I am today, and I don’t find it beneficial to talk about it because I can’t change it. I can’t go back and change what’s happened and that was the only thing that would help me was if I could change me now, make myself more confident. Um. Make me feel, you know, important, or worthwhile and I can’t see a way of making me do that and I think just talking about it just brings it all back up and you relive it again and again.’ (P2).

‘You’re just bringing back all real memories again, which you put to one side, you don’t think about, you just forget about it and then when you open up again it just brings, opens up old wounds.’ (P15).

In keeping with this P11 says that she ‘felt awful’ following disclosure to her mother and that ‘it hasn’t like taken anything off my shoulders.’ P8 also seems to consider disclosure both uncomfortable and pointless:

‘It gets boring when you have to relate the same facts all the time, and because they are facts they are constants, they’re not going to change.’

The four participants quoted here represent 33.3% of the participants who spoke about unhelpful disclosures. It is possible that these responses fit in with the notion that some participants cannot envisage any change or re-negotiation of the evaluative criteria by which others would or could judge them. This is certainly compatible with the quotation from P2 above when she says she cannot imagine how anything could change so that she would feel more ‘important or worthwhile’. As shown in the earlier section on helpful disclosure feeling more important and worthwhile seems to be exactly what happens in many cases of highly beneficial disclosure. There is a similar sense in P8’s remark above about the ‘facts’ of the matter being immutable – what he seems to overlook is the fact that how we evaluate the facts can change. These participants seem disempowered when it comes to engaging and entering into dialogue with the evaluative and moral framework of both their assumptive and their social worlds.

Withdrawal. Perhaps the major effect of unhelpful disclosures was that it seemed in many cases to lead to some kind of withdrawal from other people. P2 talked about wanting to run away from the recipients of her disclosure. P6 left his job. P3 in the incident with the therapist says that she did not try therapy again for two years. P7 talked about how she would never go back to a doctor who she seemed to have felt was invalidating. P16 said that she had stopped trying to talk to her friends and wished she had not told them. P19 said:

‘It was up to me to sort everything out’.

By this he seemed to imply that he had resolved that others could not help him if he disclosed. Overall half of the participants who described unhelpful disclosures seem to have withdrawn from others as a result (50%, 6/12). It would seem that unhelpful experiences of disclosure often confirm participants' mistrust of others.

Summary. The available data on the effects of unhelpful disclosure suggests that participants may be very concerned about the implications of destructive information on their status in relation to other people if the response they receive is not validating. Two participants seemed to draw negative conclusions about what the recipient was thinking based on quite slender evidence, suggesting that participants are conservative in their estimates regarding what counts as a positive response. For many participants unhelpful disclosure appeared to lead to further social disengagement (a process which the thematic analysis in Chapter Nine suggests may already have been well advanced), presumably reinforcing their mistrust of other people. It was speculated that participants who regarded their disclosure experiences as all pain and no gain might regard the evaluative criteria associated with a general pattern of non-disclosure as immutable and impervious to influence.

Summary and conclusion regarding experiences of unhelpful disclosure

The generally invalidating responses of recipients of disclosures which were described by participants as unhelpful is strongly supportive of the social and dramaturgical approach to disclosure. However many of these disclosures appeared to lack depth suggesting that the manner in which the individual

disclosed may also have diminished the likelihood of receiving a beneficial or validating response. The evaluative concerns of the participants and the evaluations of recipients often seemed to be quite subtle. On the one hand the disclosers often seemed to play safe by controlling the depth at which they disclosed. On the other hand recipients seemed often to convey negative evaluations indirectly – communicating support at the same time as conveying to the participant that their feelings or experiences were not appropriate topics of discussion. When combined these two factors suggest that would-be disclosers (at least among psychotherapy patients of the kind who took part in the study) are involved in a kind of dance of attunement with would-be recipients, a process clearly in keeping with explicit comments of a number of participants reported earlier in the chapter about testing potential recipients before entrusting them with significant disclosures. There was some evidence in a minority of accounts suggesting that some participants erred on the side of caution interpreting neutral responses as negative evaluations of the personal information they had disclosed.

In summary this analysis of unhelpful disclosure experiences suggests that the social response remains all important, although disclosers may have sought to control and limit the potential damage caused by negative recipient responses by judiciously tailoring their level of exposure. Finally, when participants perceived that the response to disclosure was negative this often seemed to add to the pattern of social withdrawal that was noted in Chapter Nine. When a negative response is perceived it may reinforce the individual's isolation.

Discussion

The current findings seem to support a number of factors that emerged in the analysis of disclosure experiences in the diary and interview study. Firstly most participants despite evidence that they preferred generally to keep their emotional experiences to themselves expressed a desire to disclose and a belief in the value of disclosure if they could find the right context and/or person. As in the earlier study characteristics of desirable recipients and contexts are strongly consistent with Goffmanesque considerations regarding the potential 'destructiveness' to the self of the information disclosed. Secondly the current study replicated the salience of the response of the recipient in the apparent outcome of disclosure. Disclosures that were helpful seemed to be associated with supportive and understanding responses by the recipient, and disclosures which were unhelpful seemed on the whole to be associated with invalidating responses by the recipients. Thirdly, while there was less data on the effects of disclosure in the current study, there was some evidence in support of the earlier finding that participants felt more understood and in some cases were able to disconfirm negative interpersonal expectations as a result of validating responses to disclosure. Finally as in the earlier study social and dramaturgical factors seemed to be more salient in participants' accounts of deciding to disclose and the process and outcomes of disclosure, than factors associated with the cognitive-assimilation and inhibition models (although as in the earlier study there may have been some bias in favour of the social perspective in the questions that were asked).

In addition to replicating the earlier findings the current study adds to them in at least two respects. Firstly there appeared to be a less clear distinction between helpful and unhelpful disclosure than was the case in the diary and interview study (although a number of unhelpful features of apparently helpful disclosures were identified in the latter). This greyness in the outcomes of disclosure seemed to be attributable in part to the fact that participants often disclosed in a partial or incomplete manner. It also seems to have arisen because of recipient responses which combined supportiveness on the one hand with an invalidating attitude towards the participants' experience on the other, possibly reflecting norms of politeness which prevent people from being openly critical or dismissive. This suggests that the discloser is protected from negative evaluations of others by the fact that he or she has limited their self-exposure and by the fact that evaluative feedback is covert. However the downside is that it is harder to know whether a recipient is actually understanding and validating. In these circumstances the discloser will often have to infer how well the information they disclose is being received, and in the absence of disconfirming responses participants may fear the worst. A second addition to the findings of the earlier study is that apparently validating responses may be experienced as unhelpful when they fail to tackle the evaluative core of an individual's sense of marginalisation. This process might have been at work in the case of a woman who seemed to feel that she would only be valuable as a person if she could have children. It appeared as though the therapist validated her desire to follow this through but failed to deconstruct the evaluative criteria linking acceptability and value in women to having a family and children – in effect tacitly supporting her client's connection between having children and being valued.

Conclusion

In Chapter One it was argued that existing research on shame and psychopathology has paid insufficient attention to the social context in which shame is experienced by people with psychological disorders. Two studies (reported in Chapters Four, Six, Seven, Nine and Ten) were subsequently conducted which attempted to examine the role of shame in the context of psychotherapy patients' experiences of disclosure and non-disclosure of emotionally salient experiences. In both studies shame appeared to play a role in maintaining the isolation and apparent marginalisation of psychotherapy patients. The fact that shame appeared to be associated with the participants' fears of negative responses, in particular labelling, blaming or judgmental responses, suggests that the self-censorship associated with shame is itself related to a broader context of social evaluative practices, and some preliminary evidence in support of this was presented in Chapter Nine.

It was argued in Chapter Two that clinically relevant shame may occur more in the context of anticipated social action than actual negative interpersonal outcomes, making it harder for people to identify and harder to study than more overt emotional episodes. This kind of anticipatory shame was termed marker shame. An attempt to study marker shame directly using Singer's notion of the self-defining memory met with limited success (Chapter Eight). However both this and the earlier diary and interview study illustrated how anticipatory marker shame appears to have a significant effect on psychotherapy patients' social lives

by pre-empting the extent to which they confide distressing emotional experiences to other people.

In Chapter Three it was suggested that an understanding of shame is relevant to the emerging literature on the benefits of emotional disclosure. In this respect a striking finding in both of the two studies was that psychotherapy patients seemed to be chronic or habitual non-disclosers of their emotional experiences. This contrasts with the available evidence on the ‘social sharing’ of emotions by participants in similar studies with non-clinical populations and suggests that an understanding of disclosure processes may of central significance to an understanding of psychopathology and the generic aspects of psychotherapy (a point in keeping with the finding that what mental health patients want most is someone to talk to). Both studies uncovered evidence in favour of a dramaturgical account of disclosure dynamics in which participants attempted to manage potentially ‘destructive’ information about themselves by either concealing experiences or by revealing them to people regarded as trustworthy and understanding. The evidence in favour of social and shame-related considerations suggested that current cognitive-assimilation and inhibition models of the benefits of disclosure are over-individualistic and neglect important social determinants of disclosure outcomes, as originally argued by Kelly and McKillop (1996).

In general the work reported in this thesis seems to point to the need for a less intrapsychic and a more social understanding of shame, psychopathology, and the mechanics of therapeutic disclosure. In particular it suggests that it may be

fruitful to pay attention to the social and evaluative contexts which underpin the experience of shame and may foment psychological and emotional problems, a suggestion which resonates with social constructionist approaches to psychopathology and psychotherapy, such as those of Riikonen and Smith (1997) and McLeod (1997).

References

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th edition). Washington, DC: APA.

Andrews, B. (1995). Bodily shame as a mediator between abusive experiences and depression. *Journal of Abnormal Psychology*, Vol. 104 (2), 277-285.

Andrews, B. (1997). Bodily shame in relation to abuse in childhood and bulimia: a preliminary investigation. *British Journal of Clinical Psychology*, Vol. 36, 41-49.

Andrews, B. & Hunter, E. (in press). Shame, early abuse, and course of depression in a clinical sample: a preliminary study. *Cognition and Emotion*, Vol. 10.

Andrews, B. (in press). Methodological and definitional issues in shame research. In P. Gilbert & B. Andrews [eds.] *Shame: Interpersonal Behavior, Psychopathology and Culture*. New York: Oxford University Press.

Armon-Jones, C. (1986). The thesis of constructionism. In R. Harré [ed.] *The Social Construction of Emotions*. Oxford: Blackwell.

Averill, J. R. (1982). *Anger and Aggression: an essay on emotion..* New York: Springer.

Averill, J. R. (1992). The structural bases of emotional behaviour: a metatheoretical analysis. In M. Clark [ed.] *Emotion: review of personality and social psychology*, Vol. 13. Newbury Park: SAGE.

Averill, J. R. (1994a). Emotions are many splendoured things. In P. Ekman & R. Davidson [eds.] *The Nature of Emotion: fundamental questions*. New York: OUP.

Averill, J. R. (1994b). In the eyes of the beholder. In P. Ekman & R. Davidson [eds.] *The Nature of Emotion: fundamental questions*. New York: OUP.

Barrett, K. (1995). A functionalist approach to shame and guilt. In J.P. Tangney and K. Fischer [eds.]. *Self-Conscious Emotions: The Psychology of Shame, Guilt, Embarrassment and Pride*. New York: Guilford.

Baumeister, R.F., and Scher, S.J. (1988). Self-defeating behavior patterns among normal individuals: review and analysis of common self-destructive tendencies. *Psychological Bulletin*, Vol. 104, (1), 3-22.

Baumeister, R, Smart, L. & Boden, J. (1996). Relation of threatened egotism to violence and aggression: the dark side of high self-esteem. *Psychological Review*, Vol. 103 (1), 5-33.

- Broucek, F. (1982). Shame and its relationship to early narcissistic developments. *International Journal of Psycho-analysis* 63, 369-378.
- Brown, G. and Harris, T. (1978). *Social Origins of Depression: a study of psychiatric disorder in women*. London: Tavistock Publications.
- Brown, G., Harris, T. & Hepworth, C. (1995). Loss, humiliation and entrapment among women developing depression: a patient and non-patient comparison. *Psychological Medicine*, Vol 25, 7-21.
- Bruner, J. (1990). *Acts of Meaning*. Cambridge, Ma: Harvard University Press.
- Bucci, W. (1995). The power of narrative: a multiple code account. In J. Pennebaker [ed.] *Emotion, Disclosure, and Health*. Washington, DC: APA.
- Bucci, W. (1997). *Psychoanalysis and Cognitive Science: a multiple code account*. New York: Guilford.
- Burns, D. & Auerbach, A. (1996). Therapeutic empathy in cognitive-behaviour therapy: does it really make a difference? In P. Salkovskis [ed.] *Frontiers of Cognitive Therapy*. New York: Guilford Press.
- Capps, L. and Ochs, E. (1995). *Constructing Panic: the discourse of agoraphobia*. Cambridge, Ma: Harvard University Press.
- Cartwright, A. (1996). *Code-A-Text: for the analysis of dialogues*. Software available from Sage.
- Castelfranchi, C. and Poggi, I. (1990). Blushing as a discourse. Was Darwin wrong? In Crozier, R. [ed.] *Shyness and Embarrassment: Perspectives from Social Psychology*. Cambridge CUP.
- Clore, G. L. (1994). Why emotions are never unconscious. In P. Ekman & R. Davidson [eds.] *The Nature of Emotion: fundamental questions*. New York: OUP.
- Cook, D.R. (1994). *Shame and Psychopathology: a review with new data*. Unpublished manuscript under review by Psychological Assessment.
- Coffey, P., Leitenberg, H., Henning, K., Turner, T. & Bennett, R. (1996). Mediators of the long-term impact of child sexual abuse: perceived stigma, betrayal, powerlessness, and self-blame. *Child Abuse and Neglect*, 20, (5), 447-455.
- Coyne, J. (1982). A critique of cognitions as causal entities with particular reference to depression. *Cognitive Therapy and Research*, Vol. 6 (1) 3-13.
- Crozier, W.R. (1990) Social Psychological perspectives on shyness, embarrassment and shame. In W.R. Crozier [ed.] *Shyness and Embarrassment: perspectives from social psychology*. Cambridge: Cambridge University Press.

Crozier, R. (1995). *Self-Consciousness and the Experience of Shame* . Paper given at the British Psychological Society's Annual Conference at Warwick, April, 1995.

Darwin, D. (1872/1965). *The Expression of the Emotions in Man and Animals*. University of Chicago Press Ltd.: London.

Davidson, R. J. & Ekman, P. (1994). Can emotions be nonconscious? Afterword. In P. Ekman & R. Davidson [eds.] *The Nature of Emotion: fundamental questions*. New York: OUP.

Delucchi, K. (1983). The use and misuse of Chi-Square: Lewis and Burke revisited. *Psychological Bulletin*, vol. 94 (1) 166-176.

Demasio, A.R. (1994). *Descartes' Error: Emotion, Reason and the Human Brain*. London: Papermac.

Drauker, C. (1992). *Counselling Survivors of Childhood Sexual Abuse*. London: SAGE.

Eales M.J. (1989). Shame among unemployed men. *Social Sciences and Medicine*, 28 (8), 783-789.

Edelmann, R. (1995). *Embarrassment and Shame: Related or Discrete Constructs?* Paper given at the British Psychological Society's Annual Conference at Warwick, April, 1995.

Ekman, P. (1994). All emotions are basic. In P. Ekman & R. Davidson [eds.] *The Nature of Emotion: fundamental questions*. New York: Oxford University Press.

Ekman, P. & Friesen, W. (1971). Constants across cultures in the face and emotion. *Journal of Personality and Social Psychology*, Vol 17 (2), 124-129.

Ekman, P. & Friesen, W. (1975). *Unmasking the Face: a guide to recognizing emotions from facial expressions*. Englewood Cliffs, NJ: Prentice-Hall.

Fischer, K., and Tangney, J.P. (1995). Self-conscious emotions and the affect revolution: framework and overview. In J.P. Tangney and K. Fischer [eds.]. *Self-Conscious Emotions: The Psychology of Shame, Guilt, Embarrassment and Pride*. New York: Guilford.

Finkenauer, C. and Rimé, B. (1996). Emotionelle Geheimnisse: determinanten und konsequenzen (Emotional secrecy: determinants and consequences). In A. Spitznagel (Hrsg.). *Geheimnis – Geheimhaltung*. Gottingen: Hogrefe. [English version available from first author].

Finkenauer, C., Rimé, B. & Lerot, S. (1996). *A Social Model of Secrecy*. Paper presented at the 11th General meeting of the European Association of Experimental Social Psychology, July, 1996, Gmunden, Austria.

- Fischer, K., and Tangney, J.P. (1995). Self-conscious emotions and the affect revolution: framework and overview. In J.P. Tangney and K. Fischer [eds.]. *Self-Conscious Emotions: The Psychology of Shame, Guilt, Embarrassment and Pride*. New York: Guilford.
- Frijda, N. (1986). *The Emotions*. CUP.
- Frijda, N. (1993). The place of appraisal in emotion. *Cognition and Emotion*, Vol. 7 (3/4), 357-287.
- Frijda, N., Kuipers, P. & ter Schure, E. (1989). Relations among emotion, appraisal, and emotional action readiness. *Journal of Personality and Social Psychology*, Vol. 57 (2), 212–228.
- Frijda, N., Mesquita, B., Sonnemans, J., and Van Goozen, S. (1991). The duration of affective phenomena or emotions, sentiments and passions. In K.T. Strongman [ed.] *International Review of Studies on Emotion*, Vol 1, 187-225. Chichester: John Wiley and Sons Ltd.
- Gergen, K. (1994). *Realities and Relationships: soundings in social construction*. Cambridge, Ma: Harvard University Press.
- Gilbert, P. (1992). *The Evolution of Powerlessness*: Hove: Lawrence Erlbaum.
- Gilbert, P. (1994). Male violence: towards an integration. In J. Archer [ed.] *Male Violence*. London: Routledge.
- Gilbert, P. (1997). The evolution of social attractiveness and its role in shame, humiliation, guilt and therapy. *British Journal of Medical Psychology*, Vol. 70 (2), 113 – 147.
- Gilbert, P. & McGuire, M. (in press). Shame and social rank: the psychobiological continuum from monkey to human. In P. Gilbert & B. Andrews [eds.] *Shame: Interpersonal Behaviour, Psychopathology and Culture*. Oxford: OUP.
- Gilbert, P. , Pehl, J., and Allan, S. (1994). The Phenomenology of Shame and Guilt: an empirical investigation. *British Journal of Medical Psychology*, 67, 23-36.
- Goffman, E. (1959). *The Presentation of Self in Everyday Life*. London: Penguin.
- Goffman, E. (1963). *Stigma: notes on the management of spoiled identity*. London: Penguin.
- Gramzow, R. and Tangney, J. P. (1992). Proneness to shame and the narcissistic personality. *Personality and Social Psychology Bulletin*, 18 (5), 369-376.

Greenberg, L.S. & Safran, J.D. (1987). *Emotion in Psychotherapy*. New York: Guilford Press.

Guba, E. & Lincoln, Y. (1994). Competing paradigms in qualitative research. In N. Denzin & Y. Lincoln [Eds] *Handbook of Qualitative Research*. Thousand Oaks, California: Sage.

Hagan, T. & Smail, D. (1997a). Power-mapping – I. Background and basic methodology. *Journal of Community and Applied Social Psychology*, Vol. 7 (4), 257-268.

Hagan, T. & Smail, D. (1997b). Power-mapping – II. Practical application: the example of child sexual abuse. *Journal of Community and Applied Social Psychology*, Vol. 7 (4), 269-284.

Harber, K. & Pennebaker, J. (1992). Overcoming traumatic memories. In S. Christiansen [ed.] *The Handbook of Emotion and Memory: Research and Theory*. Hillsdale, NJ: LEA.

Harder, D.W. and Lewis, S. J. (1986). The assessment of shame and guilt. In J.N. Butcher & C.D. Spielberger (Eds.) *Advances in Personality Assessment*, Vol. 6, 89-114.

Harder, D.W. , Cutler, L. , and Rockart, L. (1992). Assessment of shame and guilt and their relationships to psychopathology. *Journal of Personality Assessment*, 59 (3), 584-604.

Harré, R. (1986). An outline of the social constructionist viewpoint. In R. Harré [ed.] *The Social Construction of Emotions*. Oxford: Blackwell.

Harvey, J., Orbuch, T., Chwalisz, D., & Garwood, G. (1991). Coping with sexual assault: the roles of account-making and confiding. *Journal of Traumatic Stress*, 4 (4), 515-531.

Hayes, N. [ed.] (1997). *Doing Qualitative Analysis on Psychology*. Hove: Psychology Press.

Heimberg, R., Liebowitz, M., Hope, D, & Scheier, F. [eds.] (1995). *Social Phobia: diagnosis, assessment and treatment*. New York: Guilford.

Henwood, K. (1996). Qualitative inquiry: perspectives, methods and psychology. In J. Richardson [ed.] *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.

Hoblitzelle, W. (1987). Differentiating and measuring shame and guilt: the relation between shame and depression. In H.B. Lewis (ed) *The Role of shame in Symptom Formation*. Hillsdale, N.J.: Erlbaum.

- Hölzer, M., Pokorny, D., Kächele, H., & Luborsky, L. (1997). The verbalization of emotions in the therapeutic dialogue: a correlate to treatment outcome? *Psychotherapy Research*, Vol. 7 (3), 261 – 273.
- Johnson, R.C., Danko, G.P., Huang, Y.H., Park, J.Y., Johnson, S.B., and Nagoshi, C.T. (1987). Guilt, shame and adjustment in three cultures. *Personality and Individual Differences*, 8, 357-364.
- Johnson, R.C., Kim, R.J. and Danko, G.P. (1989). Guilt, shame and adjustment; a family study. *Personality and Individual Differences*, 10 (1), 71-74.
- Joseph, S., Williams, R., Irwing, P. & Cammock, T. (1994). The preliminary development of a measure to assess attitudes towards emotional expression. *Personality and Individual Differences*, Vol. 16, (6) 869-875.
- Joseph, S., Dalgleish, T., Williams, R., Yule, W., Thrasher, S. & Hodgkinson, P. (1997). Attitudes towards emotional expression and post-traumatic stress in survivors of the *Herald of Free Enterprise* disaster. *British Journal of Clinical Psychology*, 36, 133-138.
- Kelly, A.E. and McKillop, K.J. (1996). Consequences of revealing personal secrets. *Psychological Bulletin*, Vol. 120, (3), 450-465.
- Keltner, D. (1995). Signs of appeasement: evidence for the distinct displays of embarrassment, amusement and shame. *Journal of Personality and Social Psychology*, Vol 68 (3), 441-454.
- Keltner, D. & Buswell, B.N. (1996). Evidence for the distinctness of embarrassment, shame, and guilt: a study of recalled antecedents and facial expressions of emotion. *Cognition and Emotion*, 10 (2), 155-171.
- Keltner, D. & Harker, L. (in press). The forms and functions of the nonverbal signal of shame. In P. Gilbert & B. Andrews [eds.] *Shame: Interpersonal Behaviour, Psychopathology and Culture*. Oxford: OUP.
- Lambert, M. & Bergin, A. (1994). The effectiveness of psychotherapy. In A. Bergin and S. Garfield [eds.] *Handbook of Psychotherapy and Behaviour Change*. New York: John Wiley & Sons.
- Lansky, M.R. (1992). *Fathers Who Fail: shame and psychopathology in the family system*. Hillsdale, N.J.: The Analytic Press.
- Lansky, M.R. (1995). Shame and the scope of psychoanalytic understanding. *American Behavioral Scientist*, Vol 38 (8), 1076 – 1090.
- Lazarus, R.S. (1991). *Emotion and Adaptation* Oxford University Press. Oxford.
- Leary, M. R. (1995). *Self-Presentation: impression management and interpersonal behaviour*. Brown, Benchmark.

- Leary, M., Britt, T., Cutlip, W. & Templeton, J. (1992). Social blushing. *Psychological Bulletin*, Vol. 112, (3), 446 – 460.
- Leary, M. & Meadows, S. (1991). Predictors, elicitors, and concomitants of social blushing. *Journal of Personality and Social Psychology*, Vol. 60 (2), 254 – 262.
- LeDoux, J. E. (1993). Emotional networks in the brain. In M. Lewis & J. Haviland [eds.] *Handbook of Emotions*. New York: Guilford.
- Lewis, H.B. (1971). *Shame and Guilt in Neurosis*. New York: International Universities Press.
- Lewis, H.B. (1987a). Shame the "sleeper" in psychopathology. In H.B. Lewis (ed) *The Role of Shame in Symptom Formation*. Hillsdale, N.J.: Erlbaum.
- Lewis, H.B. (1987b). The role of shame in depression over the life span. In H.B. Lewis (ed) *The Role of Shame in Symptom Formation*. Hillsdale, N.J.:Erlbaum.
- Lewis, H.B. (1987c). Shame and the narcissistic personality. In D. Nathanson [ed.] *The Many Faces of Shame*. New York: Guilford Press.
- Lewis, H.B. (1990). Shame, repression, field dependence, and psychopathology. In J. Singer [ed.] *Repression and Dissociation: implications for personality theory, psychopathology, and health*. Chicago: University of Chicago Press.
- Lewis, M. (1992). *Shame: The Exposed Self*. New York: The Free Press.
- Lewis, M. (1993). Self-conscious emotions: embarrassment, pride, shame, and guilt. In M. Lewis & J. Haviland [eds.] *Handbook of Emotions*. New York: Guilford Press.
- Lindsay-Hartz, J. (1984). Contrasting experiences of shame and guilt. *American Behavioral Scientist*, Vol. 27 (6), 689-704.
- Lindsay-Hartz, J., de Rivera, J. , and Mascolo, M. (1995). Differentiating guilt and shame and their effects on motivation. In J.P. Tangney and K. Fischer [eds.]. *Self-Conscious Emotions: The Psychology of Shame, Guilt, Embarrassment and Pride*. New York: Guilford.
- Linehan, M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Press.
- McClure, J. (1991). *Explanations, accounts, and illusions: a critical analysis*. Cambridge: CUP.
- Macdonald, J. (in press). Shame and disclosure. In P. Gilbert & B. Andrews [eds.] *Shame: Interpersonal Behavior, Psychopathology and Culture*. New York: Oxford University Press.

- McLeod, J. (1997). *Narrative and Psychotherapy*. London: SAGE Publications.
- Madill, A. and Barkham, M. (1997). Discourse analysis of a theme in one successful case of brief psychodynamic-interpersonal psychotherapy. *Journal of Counseling Psychology*, Vol 44, 232-244.
- Magai, C., Distal, N., & Liker, R. (1995). Emotion socialisation, attachment, and patterns of adult emotional traits. *Cognition and Emotion*, 9 (5), 461 – 481.
- Malatesta-Magai, C. (1996). *Affect, Imagery, and Attachment*. Address given at the Bi-annual Conference of the International Society for Research on Emotion, Toronto, August 13, 1996.
- Mental Health Foundation (1997). *Knowing Our Minds: a survey of how people in emotional distress take care of their lives*. London: Mental Health Foundation.
- Miles, M. and Huberman, M. (1994). *Qualitative Data Analysis: an expanded sourcebook*. London: SAGE.
- Miller, R.S. (1996). *Embarrassment: poise and peril in everyday life*. New York: Guilford Press.
- Miller, R.S. & Tangney, J.P. (1994). Differentiating embarrassment and shame. *Journal of Social and Clinical Psychology*, Vol. 13 (3), 273 – 287.
- Moffitt, K.H., & Singer, J.A. (1994). Continuity in the life story: Self-defining memories, affect, and approach/avoidance personal strivings. *Journal of Personality*, 62 (1), 21 - 43.
- Mokros, H. (1995). Suicide and shame. *American Behavioural Scientist*, Vol 38 (8), 1091-1103.
- Mollon, P. (1984). Shame in relation to narcissistic disturbance. *British Journal of Medical Psychology*, 57, 207-214.
- Mollon, P. and Parry, G. (1984). The fragile self: Narcissistic disturbance and the protective function of depression. *British Journal of Medical Psychology*, 57, 137-145.
- Morrison, A.P. (1989). *Shame: the Underside of Narcissism*. Hillsdale, N.J.: Analytic Press.
- Morrison, N. (1987). The role of shame in schizophrenia. In H. Lewis [ed.] *The Role of Shame in Symptom Formation*. Hillsdale, N.J.:Erlbaum.
- Nathanson, D. (1994). Shame, compassion, and the “borderline” personality. *Psychiatric Clinics of North America*, Vol 17 (4), 785-810.
- Murray, C., Waller, G. & Legg, C. (1997). *Family Dysfunction and Eating Psychopathology: the mediating role of shame*. Unpublished paper.

Oatley, K. (1992). *Best Laid Schemes: The Psychology of Emotions*. Cambridge. C.U.P.

Oatley, K. & Bolton, W. (1985). A social-cognitive theory of depression in reaction to life events. *Psychological Review*, Vol. 92, 372 – 388.

Oatley, K. & Duncan, E. (1992). Incidents of emotion in daily life. In K.T. Strongman [ed.] *International Review of Studies of Emotion*, Vol 2. Chichester: John Wiley & Sons.

Oatley, K. & Johnson-Laird, P. N. (1987). Towards a cognitive theory of emotions. *Cognition and Emotion*, 1, 29 – 50.

O'Leary, J. and Wright, F. (1986). Shame and gender issues in pathological narcissism. *Psychoanalytic Psychology*, 3,(4), 327-339.

Orford, J. (1992). *Community Psychology: Theory and practice*. Chichester: John Wiley & Sons.

Parker, I., Georgaca, E., Harper, D., McLaughlin, T. and Stowell-Smith, M. (1995). *Deconstructing Psychopathology*. London: SAGE.

Parkinson, B. (1995). *Ideas and Realities of Emotion*. London: Routledge.

Parkinson, B. & Manstead, A. (1992). Appraisal as a cause of emotion. In M. Clark [ed.] *Emotion: Vol. 13 Review of Personality and Social Psychology*. London: SAGE.

Pennebaker, J. W. (1990). *Opening Up: The Healing Power of Confiding in Others*. New York: William Morrow.

Pennebaker, J.W. (1993). Overcoming inhibition: rethinking the roles of personality, cognition, and social behavior. In H.C. Traue and J.W. Pennebaker [eds.] *Emotion, Inhibition and Health*. Toronto: Hogrefe and Huber Publishers.

Pennebaker, J. W. [ed.] (1995). *Emotion, Disclosure, and Health*. Washington, DC: APA.

Pennebaker, J.W. & Beall, S. K. (1986). Confronting a traumatic event: towards an understanding of inhibition and disease. *Journal of Abnormal Psychology*, 95 (3), 274-281.

Pennebaker, J. W., Colder, M., & Sharp, L. (1990). Accelerating the coping process. *Journal of Personality and Social Psychology*, 58 (3), 528-537.

Pennebaker, J.W., Hughes, C.F. & O'Heeron, R.C. (1987). The psychophysiology of confession: linking inhibitory and psychosomatic processes. *Journal of Personality and Social Psychology*, 52, 781-793.

Pennebaker, J.W. and Francis, M.E. (1996). Cognitive, emotional, and language processes in disclosure. *Cognition and Emotion*, Vol 10 (6), 601-626.

Pidgeon, N. (1996). Grounded theory: theoretical background. In J. Richardson [ed.] *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.

Pidgeon, N. and Henwood, K. (1996). Grounded theory: practical implementation. In J. Richardson [ed.] *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.

Pilgrim, D. (1997). *Psychotherapy and Society*. London: SAGE.

Pilgrim, D. & Treacher, A. (1992). *Clinical Psychology Observed*. London: Routledge.

Power, M.J. and Dalgleish, T. (1996). *Cognition and Emotion: from order to disorder*. Hove: Psychology Press.

Rapee, R. (1995). Descriptive psychopathology of social phobia. In Heimberg, R., Liebowitz, M., Hope, D, & Scheier, F. [eds.] (1995). *Social Phobia: diagnosis, assessment and treatment*. New York: Guilford.

Retzinger, S. (1991). *Violent Emotions: Shame and Rage in Marital Quarrels*. Newbury Park, Ca; SAGE.

Richardson, T. [ed.] (1996). *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.

Riikonen, E. & Smith, G. (1997). *Re-imagining Therapy: living conversations and relational knowing*. London: SAGE.

Rimé, B. (1994). *The Social Sharing of Emotional Experiences as a Source for the Social Knowledge on Emotion*. Paper presented at the NATO-Workshop "Everyday Conceptions of Emotion" Almagro, Spain, May 3-8, 1994.

Rimé, B. Finkenauer, C., Luminet, O., Zech, E., & Philippot, P. (in press). Social sharing of emotion: new evidence and new questions. In W. Stroebe and M. Hewstone [eds.], *European Review of Social Psychology*, Vol 7. Chichester: Wiley.

Rimé, B., Philippot, P., Finkenauer, C., Legast, S., Moorkens, P. & Tornqvist, J. (1994). *Mental Rumination and Social Sharing in Emotion: Diary investigations of the cognitive and social aftermath of emotional events*. Unpublished paper.

Rimé, B., Mesquita, B., Philippot, P., Boca, S. (1991). Beyond the emotional event: six studies on the social sharing of emotion. *Cognition and Emotion*, 5 (5/6/), 435-465.

Robson, C. (1993). *Real World Research: a resource for social scientists and practitioner-researchers*. Oxford: Blackwell.

Rolls, E.T. (1990). A theory of emotion, and its application to understanding the neural basis of emotion. In J.A. Gray [ed.] *Physiological Aspects of Relationships Between Emotion and Cognition* (pp. 161 – 190) (Special issue of *Cognition and Emotion*). Hillsdale, NJ: Lawrence Erlbaum.

Sanftner, J.L., Barlow, D.H., Marschall, D.E., & Tangney, J.P. (1995). *Journal of Social and Clinical Psychology*, Vol 14, (4), 315-324.

Sarbin, T. (1986). Emotion and act: roles and rhetoric. In R. Harré [ed.] *The Social Construction of Emotions*. Oxford: Blackwell.

Scheff, T.J. (1987). The shame-rage spiral: a case study of an interminable quarrel. In H.B. Lewis (ed) *The Role of Shame in Symptom Formation*. Hillsdale, N.J.: Erlbaum.

Scheff, T.J. (1988). Shame and conformity: the deference emotion system. *American Review of Sociology*, 53, 395-406.

Scheff, T.J. (1994). *Bloody Revenge: emotions, nationalism and war*. Boulder: Westview Press.

Scherer, K. (1986). Studying emotion empirically: issues and a paradigm for research. In K. Scherer, H. Wallbott & A. Summerfields [eds.] *Experiencing Emotion: a cross-cultural study*. Cambridge: CUP.

Schweder, R. A. (1994). “You’re not sick, you’re just in love”: emotion as an interpretive system. In P. Ekman & R. Davidson [eds.] *The Nature of Emotion: fundamental questions*. New York: OUP.

Seu, B. (1995). *Women's Shame: A Feminist Discursive Account*.. Paper given at the British Psychological Society's Annual Conference at Warwick, April, 1995.

Shott, S. (1979). Emotion and social life: a symbolic interactionist analysis. *American Journal of Sociology*, Vol 84 1317 – 1331.

Silberstein, L., Striegel-Moore, R., Rodin, J. (1987). Feeling fat: a woman’s shame. In H. Lewis [ed.]. *The Role of Shame in Symptom Formation*. Hillsdale, N.J.:Erlbaum.

Singer, J.A. and Moffitt, K.H. (1991-1992). An experimental investigation of specificity and generality in memory narratives. *Imagination, Cognition, and Personality*, Vol 11, 233-257.

Singer, J.A., and Salovey, P. (1993). *The Remembered Self: Emotion and Memory in Personality*. New York: The Free Press.

- Singer, J.A. and Singer, J.L. (1992). Transference in psychotherapy and daily life: implications of current memory and social cognition research. In J. W. Barron, M.N. Eagle, & D. L. Wolitsky [eds.] *Interface of Psychoanalysis and Psychology*. Washington, D.C.: American Psychological Association.
- Smail, D. (1996). *How to Survive Without Psychotherapy*. London: Constable.
- Stiles, W.B. (1993). Quality control in qualitative research. *Clinical Psychology Review, Vol 13*, 593-618.
- Stiles, W.B. (1995). Disclosure as a speech act: is it psychotherapeutic to disclose? In J.W. Pennebaker [ed.] *Emotion, Disclosure, and Health*. Washington, DC: APA.
- Stiles, W.B., Elliott, R., Llewelyn, S.P., Firth-Cozens, J.A., Margison, F.R., Shapiro, D.A. and Hardy, G. (1990). Assimilation of problematic experiences by clients in psychotherapy. *Psychotherapy, Vol 27, (3)*, 411-420.
- Tangney, J.P. (1992). Situational determinants of shame and guilt in young adulthood. *Personality and Social Psychology Bulletin, 18 (2)* 199-206.
- Tangney, J.P. (1995). Shame and guilt in interpersonal relationships. In J.P. Tangney and K. Fischer [eds.]. *Self-Conscious Emotions: The Psychology of Shame, Guilt, Embarrassment and Pride*. New York: Guilford.
- Tangney, J.P., Wagner, P., & Gramzow, R. (1989). *Test of Self-Conscious Affect (TOSCA)*. Unpublished manuscript.
- Tangney, J.P., Wagner, P., and Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology. *Journal of Abnormal Psychology, 101 (3)* 369-478.
- Tangney, J., Wagner, P., Fletcher, C., & Gramzow, R. (1992). Shamed into anger? The relation of shame and guilt to anger and self-reported aggression. *Journal of Personality and Social Psychology, 62*, 669 – 675.
- Tangney, J., Miller, R., Flicker, L. & Barlow, D. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology, Vol. 70 (6)*, 1256-1269.
- Tangney, J., Wagner, P., Hill-Barlow, D., Marschall, D., & Gramzow, R. (1996). Relation of shame and guilt to constructive versus destructive responses to anger across the lifespan. *Journal of Personality and Social Psychology, Vol 70 (4)*, 797 – 809.
- Terwijn, H. (1993). *An Emotion Theoretical Approach to Shame: A Study of Shame Experiences*. Masters Thesis, Psychology Department, University of Amsterdam.

Ting-Toomey, S. (1994). Face and facework: an introduction. In S. Ting-Toomey [ed.] *The Challenge of Facework: Cross-cultural and Interpersonal Issues*. New York: SUNY Press.

Ting-Toomey, S. and Cocroft, B. (1994). Face and facework: theoretical and research issues. In S. Ting-Toomey [ed.] *The Challenge of Facework: Cross-cultural and Interpersonal Issues*. New York: SUNY Press.

Tomkins, S.S. (1963). *Affect, Imagery, and Consciousness, Vol 2. The negative affects*. New York: Springer.

Tomkins, S.S. (1995). Script theory. In E.V. Demos [ed.] *Exploring Affect: the selected writings of Silvan S. Tomkins*. (pp 312-388). Cambridge: CUP.

Traue, H. C. (1995). Inhibition and muscle tension in myogenic pain. In J. W. Pennebaker [ed.] *Emotion, Disclosure and Health*, pp 155-176. Washington, DC: APA.

Trower, P. & Chadwick, P. (1994). Two pathways to defence of the self: a theory of paranoia. Submitted to *Clinical Psychology: science and practice*.

Trower, P. & Harrop, C. (1997). Fear of shame and the alien self in psychosis. Paper presented at the *International Conference on Shyness and Self-Consciousness*, Cardiff, July 16th.

Van Deurzen, E. (1998). Beyond psychotherapy. *British Psychological Society, Psychotherapy Section Newsletter*, 23, 4 – 18.

Vaughn, C. & Leff, J. (1976). The influence of family and social factors on the course of psychiatric illness. *British Journal of Psychiatry*, 129, 125 – 137.

Ward, H. (1972). Shame - A necessity for growth in therapy. *American Journal of Psychotherapy*, Vol 26, 232-243.

Wegner, D., & Lane, J. (1995). From secrecy to psychopathology. In J. W. Pennebaker (ed.) *Emotion, Disclosure, and Health*, pp 25-46. Washington, DC: APA.

Weiss, J. (1995). Bernfeld's 'The facts of observation in psychoanalysis': a response from psychoanalytic research. *Psychoanalytic Quarterly*, LXIV, 699-716.

Wicker, F.W., Payne, G.C. and Morgan, R.D. (1983). Participant descriptions of guilt and shame. *Motivation and Emotion*, 7, 25-39.

Winer, B.J. (1986). *Statistical Principles in Experimental Design*. London: McGraw-Hill.

Woolgar, S. (1996). Psychology, qualitative methods and the ideas of science. In J. Richardson [ed.] *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.

Wurmser, L. (1987). Shame: the veiled companion of narcissism. In D. Nathanson [ed.] *The Many Faces of Shame*. New York: Guilford Press.

Yin, R. (1989). *Case Study Research: design and methods*. Newbury Park: SAGE Publications.

APPENDIX 1

'PERFORMATIVE' SHAME

A. Shame and the 'appeasement' hypothesis

Castelfranchi & Poggi (1990) argued that shame is associated with a display whose function is to 'communicat[e] ... the individual's sensitiveness to others' judgements ... the individual's sharing of their values' and 'their sorrow over any possible faults or inadequacies' (p. 240). Such a performance in their view constitutes 'an acknowledgement, a confession, and an apology, aimed at inhibiting others' aggression or avoiding social ostracism' (p. 240). Keltner (1995) has termed this view of shame the 'appeasement hypothesis.'

Evidently if such a performance is to be effective it must be recognisable by others. This is potentially problematic as the literature on the display of shame has demonstrated that for many theorists and researchers shame does not have a clear display. Castelfranchi & Poggi (1990) regarded the blush as the primary vehicle of the performance. However work by Leary et al (1992) and Leary & Meadows (1991) demonstrates that blushing is associated with many other emotions as well, in particular embarrassment. Nevertheless Keltner's work on people's ability to differentiate displays of shame from those of other similar emotions clearly supports the appeasement hypothesis (Keltner, 1995; Keltner & Buswell, 1996; Keltner & Harker, in press) even though some of his findings suggested that people may require greater contextual information than is necessary for the identification of emotions which have clearer facial displays such as anger or disgust.

Keltner & Harker (in press) advance two other strands of evidence in favour of the appeasement hypothesis. Firstly they cite two as yet unpublished studies which appear to demonstrate that displays of shame can reduce aggression from other people and increase people's level of sympathy. Young et al. (described in Keltner & Harker, in press) conducted one study in which participants acting as jurors in a simulated trial were required to make judgements of a hypothetical defendant who displayed either anger, shame, or no emotion at the time of sentencing. They found that defendants who displayed shame were given shorter sentences. Keltner et al (described in Keltner & Harker, in press) presented participants with a series of photos of individuals displaying different emotions and asked them to imagine that these people had committed a social transgression. Participants were asked to rate the emotions they felt in response to each individual photograph. In this study it was found that shame displays elicited noticeably higher levels of sympathy than did the display of embarrassment. The second strand of evidence advanced by Keltner & Harker in favour of the appeasement hypothesis concerns the similarity between the shame display in humans and the submissive displays of other species. They note that similar displays in animals lead to reconciliation following social transgressions.

In a short time Keltner has given considerable impetus to the appeasement view of shame and has collected evidence which so far appears supportive. However it is not clear how his view of shame (based as we have seen on studies in which people identified the prototypical shame display as shame) fits in with the 'ugly'

view of shame that has emerged from the work of Tangney (e.g. Tangney, 1995). For example the appeasement function of shame seems out of place next to Tangney's (e.g. Tangney, 1995) findings that shame is associated with a 'resentful, seething kind of anger.' Anger of this kind would surely 'leak' and undermine the appeasing effects of the shame. A related question, acknowledged by Keltner & Harker (in press) is that displays of shame do not always seem to be associated with reduced aggression and reconciliation. (Intriguing in this connection is Malatesta-Magai's recent (1996) finding of a 'decoding bias' for shame in individuals who are securely attached - i.e. these individuals recognise displays of shame more readily than people with other attachment classifications - which suggests that their greater capacity for relating positively may be partially based on their skill in recognising and responding to other people's attempts to construct a positive sense of themselves). As yet we do not fully understand the dynamics of the connection between shame and appeasement and shame and angry or maladaptive responses. However recent research on shame and appeasement indicates that we should continue to pay close attention to the interpersonal nature and functions of shame.

Both Castelfranchi & Poggi (1990) and Keltner (1995; Keltner & Buswell, 1996; Keltner & Harker, in press) are theorists who combine a biological and evolutionary perspective with a sensitivity to the interpersonal adaptiveness and function of shame. Keltner in particular can be seen as an heir to Ekman, in his attempt to specify emotional displays, but one who has broadened his remit to include the interpersonal purpose of those displays. Keltner's emphasis appears to differ markedly from that of Gilbert & McGuire (in press) whose explanation appeals to biological factors which are seen as fundamentally dysfunctional and maladaptive.

Appeasement and social constructionist theories of emotion

Keltner's emphasis on the interpersonal agenda of emotional enactments dovetails with the concerns of social constructionist theorists of emotion. A social constructionist account would seem to favour the appeasement analysis of shame in addition to raising some areas of enquiry into shame that have been neglected in current research.

While there are different shades of opinion in social constructionist theory about emotion (Armon-Jones, 1986) the principle emphasis of social constructionist theories is that emotion can only be properly understood by paying attention to the social context and the social uses to which emotion it is put. According to constructionists emotions derive their meaning and their role from shared cultural understanding. This means that particular emotions may be *prescribed* in certain situations in order for people to maintain their identities and also in order to achieve certain objectives. For example grief may be 'prescribed' following the death of a spouse (Averill, 1994) and anger may constitute a socially sanctioned means of objecting to other people's violations of their rights (Averill, 1982). ('Anger has a privilege' as Kent says in *King Lear*). Constructionists share a distrust of the 'essentialism' of other theories of emotion, the assumption that words such as 'shame' or 'anger' refer to hidden entities or 'detachable phenomena' as Sarbin (1986) puts it. Rather, since emotions are seen as

fundamentally social phenomena constructionist thinking suggests that they can only be understood in the contexts within which they function. Harré expresses this concern as follows:

There has been a tendency among both philosophers and psychologists to abstract an entity – call it ‘anger’, ‘love’, ‘grief’ or ‘anxiety’ – and try to study it. But what there is are angry people, upsetting scenes, sentimental episodes, grieving families and funerals, anxious parents pacing at midnight, and so on. There is a concrete world of contexts and activities. We reify and abstract from that concreteness at our peril.
(Harré, 1986, p. 4).

Although as Harré’s comments imply constructionist theorists tend to be opposed to naturalistic ‘basic emotions’ theories there are strong and weak versions of constructionism (Armon-Jones, 1986). Oatley (1993) has recently pointed out that naturalist theories of emotion and constructionist theories have different ranges of convenience and may well, in the end, prove to be complimentary.

The relevance of social constructionism in this context is that constructionists regard emotions as ‘performative’ (Parkinson, 1995) or as having ‘illocutionary force’ (cf Harré, 1991). In this sense a constructionist view of shame is resonant with the appeasement hypothesis of Castelfranchi & Poggi (1990) and Keltner (1995). As Keltner argues, and has begun to demonstrate, displays of shame can exert a mollifying influence on people who have the power to punish the individual. In this sense shame could be regarded as the performance of an apology and a sense of contrition (as Castelfranchi & Poggi note) and may also be ‘prescribed’, as is suggested in Harré’s (1991) description of shame as a ‘creditable emotion for discreditable acts’ (p. 159). While, sadly, constructionist research along the lines of Averill’s (1982) study of anger has not yet been conducted on shame research of this kind could fruitfully complement the research of Keltner and his colleagues. A constructionist agenda in shame research could usefully open up the role of shame in the wider moral order and also focus research attention on the social uses of identifying one’s experiences as shame.

B. The relationship between marker shame and performative shame

A uniting factor in both models of shame is the goal of being valued or esteemed. Both kinds of shame are fundamentally concerned with the motive of social inclusion. However each form of shame appears to be associated with quite different interpersonal expectations. While performative shame implies that an individual has some confidence in the willingness of the interpersonal environment to re-accept them in spite of their shortcomings, marker shame embodies negative interpersonal expectations that make exposure of shortcomings and the seeking of social participation especially risky. In keeping with these implicit interpersonal contexts the function of the two forms of shame can also be contrasted. While performative shame can be understood as lubricating entry into valuing social contexts marker shame appears to function as a means of pre-empting social rejection. In terms of the messages projected to others performative shame appears to involve an individual voluntarily accepting and acknowledging lower status while an individual experiencing marker shame may, in contrast, angrily attempt to maintain their claims to status (in the process

of which the goal of being valued by the other is presumably lost). While performative shame needs to be communicated either by being displayed physically (cf Keltner & Harker, in press) or verbally marker shame is likely to remain subtle and may be indistinct from the avoidant behaviours it is associated with. Finally performative shame is likely to be associated with positive interpersonal outcomes while marker shame would appear often to be interpersonally destructive as well as being associated with psychopathology (although marker shame may still be adaptive in the kind of interpersonal environment in which it developed, a point that will be developed below).

Degrees of symbolisation

It is possible that these two forms of shame are not necessarily completely distinct, since under certain circumstances marker shame may well be translated into performative shame. In this section it is argued that the degree to which marker shame is identified as shame mirrors the degree to which an individual is engaged in an attempt to have their identity reconciled with the values of those to whom shame is presented.

Bucci (1995) has suggested that the categorisation and identification of an emotion comes at the end of a process of emotional exploration and it is possible that while psychodynamic ideas about unconscious or subsymbolic emotional phenomena relate to the undifferentiated end of this process of emotional exploration the social constructionist model of shame as performative relates to the more articulated and symbolised end of the emotional spectrum. The review of marker approaches to emotion in Chapter Two and the clinical literature on maladaptive shame suggest that marker shame can occur at a variety of different levels of awareness. Singer and Singer (1992) argue that there are various levels at which generic script-like memories become automatic, and they suggest that the more generic and abstract the representation, the less conscious awareness the individual will have of it. H. Lewis has referred to 'bypassed shame' in psychotherapy patients and suggested that this occurs as a 'wince', 'blow' or 'jolt' accompanied by an obsessive cognitive focus on 'doubt about the self's image from the other's point of view' (H. Lewis, 1971, p. 197). She contrasts this with 'overt, undifferentiated shame' which is easier to observe, but where the individual still appears unable to acknowledge or identify their feeling, at least until it is receding, often saying only that they feel 'lousy' or 'tense' or 'blank' (H. Lewis, 1971, p. 197). Neither of these levels of awareness seem as accessible as Singer's notion of the self-defining memory that provides a conscious emotional commentary on one's pursuit of salient goals. However H. Lewis' distinctions could map on to the two most abstracted levels of Singer and Singer's taxonomy, with the overt, 'undifferentiated' shame corresponding to the generic script level of abstraction, while the 'bypassed' shame corresponds to the even more automatic operation of what Singer and Singer (1992) call a 'metascript.' Going back to 'Tom', this might be the automatic application of the heuristic 'Never trust authorities, they will always disappoint you.' These different degrees of symbolic representation of the marker shame may – if the social constructionist perspective is correct - be understood in terms of the degree to which an individual is willing to enact shame.

An implication of the point of view adopted here is that the subsymbolic, script-like components of shame may only be identified as 'shame' when there exists some interpersonal opportunity for restitution of the self. However paradoxically if the individual has as a goal the desire to be included and valued by others this should intensify the marker shame warning signals. Shame, then, is likely to become more intense and painful as the individual attempts to move closer to the other person, and is likely to be experienced more the more that person is valued. This means that the individual in these circumstances might experience considerable ambivalence. On the one hand they may see an opportunity to move into a valuing relationship – perhaps because they believe the other is in some way different to people encountered previously. On the other hand their past experience – encoded in the marker script – may be telling them to escape forthwith. This implies that when people work to overcome marker shame they may at some point flip rapidly between the two types of shame. Magai, Distal and Liker (1995) report that shame and aggression are emotional dispositions that are associated with an ambivalent attachment classification which suggests that individuals who are unsure about the prospect of being valued by others may switch easily between aggressive attempts to maintain their identity and shame-like bids for reconciliation. Interestingly Magai et al. found that contempt was associated with an avoidant attachment classification, suggesting that contempt might block awareness of the goal of being valued by others.

If this analysis is correct the first step in inculcating experiences of pro-social or performative shame (shame which is labelled and articulated) must be to foster the notion that social participation is a worthwhile goal. Deliberate attempts to shame people by humiliating them are likely to fail if they reduce the extent of an individual's identification with those before whom they might feel ashamed. If others are construed as enemies shame is unlikely to be experienced. Tomkins (1995) alluded to this aspect of shame when he wrote 'You cannot be ashamed, per se, unless you find the other exciting or loveable in some way, and you wish to maintain that bond' (p. 392).

C. Marker shame, performative shame and psychotherapy

There is some evidence which suggests that clients in psychotherapy may construct their experiences into particular emotional roles which reconnect them in beneficial ways to other people (Holzer et al, 1997). This idea is in line with recent social constructionist approaches to therapy. Riikonen and Smith (1997) for example note that 'people can be seen to be taking moral and relational positions when they are 'entering into' or changing emotional states and when they do 'emotion talk'' (p. 130). For Riikonen and Smith therapy involves the development of an interpersonal 'understanding' of the client's difficulties which enables the client to continue living with a sense of respect and dignity. In keeping with this they write:

it should be clear that understanding is not simply a question of 'taking in the facts' – feeling understood is very much a question of moral knowing, specifically that we can hear what the person is saying from the perspective of believing that they are a morally worthwhile person. This most usually means that we can see the events they describe in the

context of a narrative which is exemplary of some values they and we support (or prize).

(Riikonen & Smith, 1997, p. 109).

From this perspective shame experienced and expressed in psychotherapy is seen as enabling and facilitating a moral regrading of the client. A number of existing perspectives on the experience of shame in psychotherapy will be reviewed and reconsidered in the light of this theoretical approach.

Theoretical perspectives on shame in psychotherapy

H. Lewis (1971) focuses on the value of acknowledging unacknowledged experiences of shame in psychotherapy. She advocates taking what she calls a 'phenomenological stance' towards the shame in the session, focusing on the subtle shifts of emotion related to the client's superego states, the 'domain of superego upheavals under the press of threatened affectional ties' (p. 24) as she puts it. If the therapist is able to acknowledge these feelings and convey to the client that they are acceptable, this will interrupt the otherwise inevitable operation of the defensive script or in H. Lewis' terms a manifestation of the shame-rage sequence. Once the shame can be acknowledged and accepted in this way, the client may be able to see how the experience of marker shame originated in themselves. As H. Lewis (1987a) says 'Bringing to the patient's awareness that they are in a state of shame or guilt is itself emotionally relieving to the patients, for whom it becomes very clear that it is they, *not* the analyst, who are judgmental' (p. 24). For Lewis, then, the value of therapy lies in enabling the client to recognise the transference basis of their (marker) shame.

Kaufman (1989) echoes H. Lewis' understanding, stating that the therapist should 'approach' and 'validate' the client's experience of shame. He suggests, further to Lewis, that this will enable the client to recognise that the transference shame belongs to past relationships, preserved in memories that Kaufman refers to as 'governing scenes.' In this way Kaufman suggests internalised shame can be 'returned' to its 'interpersonal origins', and the individual emancipated from its destructive effects in the contemporary valuing relationship with the therapist. In summary both H. Lewis and Kaufman argue that therapy confronts the client with the reality of a valuing and accepting relationship which when experienced should invalidate the need for shame. Both writers describe how the therapist's task is to help the client acknowledge unacknowledged and subtle experiences of shame.

Ward (1972) and Weiss (1995) focus on shame that is more clearly manifested in psychotherapy. They both note that shame is frequently displayed by clients shortly before they reveal something in therapy that has previously been hidden. Ward (1972) argues that shame arises in therapy when the client is able to reveal 'a weakness, a problem, an imperfection, an inexpertness, or a limitation' (p. 235). He also observes that prior to revealing weaknesses or problems 'the patient probes and tests the therapist to determine his probable attitudes and reactions, pro and con' (p. 236). Since revealing weaknesses and problems is essential for therapeutic progress he concludes that 'Unless one feels shame to some extent, one cannot emerge successfully from any well-worn pathologic behaviour pattern' (p. 232). Weiss (1995) observes that clients want to confess

secrets in the course of therapy, however they are reluctant to do so because 'They fear that the analyst will react unfavourably by shaming them, making them feel guilty, punishing them, rejecting them, etc.' (p. 701). Like Ward, Weiss suggests that clients attempt to test the therapist. If the therapist passes the test by for example intervening in a way which reduces the patient's fear of abandonment the client will tell the secret. By overcoming 'the sense of shame, guilt, fear, or expectation of external danger' (p. 701) they free themselves to 'seek certain desirable goals' (p. 701) which previously appeared unattainable.

Each of these theoretical perspectives on shame and psychotherapy suggest that acknowledging shame or shameful information is a central process in therapy. This process of acknowledgement is consistent with the process of symbolising shame from unsymbolised marker emotions which is outlined above. However none of these theorists appears to see the experience of shame as powerful and communicative in its own right. Rather they regard acknowledging shame as helpful to the degree that it enables clients to recognise that their interpersonal expectations are erroneous, and their shame therefore unwarranted. These two assumptions – that enacting shame has no role to play in its own right in therapy, and that the interpersonal expectations associated with marker shame are erroneous or dysfunctional – are both questionable.

Firstly it is suggested, in line with the performative model of shame, that shame has an active role in structuring the relationship between the client and the therapist. This relational aspect of shame is seen in the appraisals associated with shame which highlight the goal of being valued by the other and the fact that one identifies with the other person's view of oneself – even though that view may be critical or negative (Crozier, 1995; Terwijn, 1993; Castelfranchi & Poggi, 1990). Simply to acknowledge that one sees the world in this way implies that one wishes to learn and to find ways of fitting in with the other person's value system. Furthermore there is the communicative aspect of the emotion – the fact that either physically or verbally one communicates that one considers oneself one down in relation to the other, and that one accepts that this is appropriate. If the social constructionist and appeasement models of shame are correct this emotional communication should make it easier for the other individual to adopt reciprocal emotional roles, roles which confer reassurance and re-acceptance of the individual who communicates shame. Taking a slightly broader perspective it might be the case that this kind of emotional relationship produces the optimal conditions for one individual (in this case the client) to enter and learn the belief system of another (in this case the therapist). The process of psychotherapy may involve the conversion of experiences which sever interpersonal connectedness (the domain of marker shame) into experiences which are symbolised in such a way as to re-connect the individual to valued others (performative shame).

Secondly the idea that in psychotherapy the interpersonal expectations implicit in marker shame are revealed as erroneous, which appears to be a central presumption in H. Lewis', Kaufman's and Weiss' theories, may be misleading. For one it denies that the marker shame reflects actual rejection and stigma in the individual's lives. In Chapter One it was argued that the presumption that pathological shame reflected an unfounded affective bias is challenged by evidence showing that individuals with pathology appear in many cases to have

endured experiences which might be considered genuinely humiliating. The expectation of humiliation and rejection upon which marker forms of shame are based would therefore appear to be reasonable. The objection could be made that in many cases, such as child abuse, the humiliation and rejection took place in the past and is therefore dysfunctional in the present. However, as Hagan & Smail (1997a) have observed, it cannot be assumed that individuals are no longer subject to the same interpersonal pressures as they were in their pasts. Furthermore as Smail (1997a), Pilgrim (1997) and Parker et al (1995) have all argued therapeutic theory and practice is itself replete with subtle negative moral judgements about clients and their experiences. In contrast it may be more accurate to emphasise, in line with the models put forward by Ward (1972) and Weiss (1995), that clients in psychotherapy are actively seeking to disconfirm their negative expectations. They do this by sounding out and testing their therapist to see whether it is safe to reveal more of themselves, and perhaps too whether it is safe for them to allow themselves to experience and communicate shame.

APPENDIX 2

ISSUES ASSOCIATED WITH THE USE OF SELF-REPORTS IN EMOTION RESEARCH

Most of the existing research on shame has been based on self-reported experiences of shame. How much should we rely on this kind of self-report data in attempting to understand the nature of shame? The following outline of the arguments about the admissability of self-report data on emotions draws on lengthier discussions of this topic by Scherer (1986), Averill (1982) and Oatley & Duncan (1992).

The obvious reason for using self-report in the study of emotion is that since emotional experiences are subjective phenomena which may be experienced in private and which are not always acted out behaviourally the *only* means we have of studying what they are like is to ask people. Self-report methods are in Scherer's (1986) words: 'The only alternative for assessing those aspects of the emotional response that are related to subjective experience, that is the feeling component itself, and the subjective impression of the expression and physiological reactions' (Scherer, 1986, p. 21). However they are not without problems and there are a number of threats to the validity of data collected in this way. These are firstly that self-reports will yield distorted data due to ego-defensiveness. Secondly that they will be distorted because participants tend to provide socially desirable responses. Thirdly that the data is likely to be misleading due to the inaccuracies of memory. And Fourthly that people may actually be incapable of reporting on emotional processes and so merely furnish the researcher with cultural stereotypes of what emotions are supposed to be like.

There seems little that one can do to eliminate biases due to unconscious ego-defences in self-report data of the kind that has generally been collected, and this might well be more of a problem for shame than for other emotions since shame is so closely associated with hiding. Indeed H. Lewis (1971) suggests that there may be 'some intrinsic connection between shame and the mechanism of denial'

(p. 196). None of the self-report studies referred to in this chapter could be regarded as immune from such distortions. The most likely consequence of ego-defences are that participants minimise the significance of or simply omit reports of shame, and it is encouraging in this respect that researchers generally appear to be able to elicit reports of shame – even intense shame – from their research participants. The problem of distortion due to social desirability effects can be minimised by ensuring that participants' responses are anonymous and will not be fed back into their social contexts (Scherer, 1989; Averill, 1982). This appears to have been a precaution taken in all of the self-report studies reviewed in this chapter. The problem of inaccurate memory can be reduced by firstly ensuring that participants are asked to remember recent emotional experiences (Scherer, 1986, suggests that they be experienced not more than one month previously) and secondly by providing cues that specify what information the researcher is seeking.

The issue of whether self-reports yield accurate versus stereotypical information about emotional states has attracted more debate than the other validity issues because it pertains to the more general question of whether it is worth conducting such studies at all. The debate stems from research in which it was demonstrated that people reliably provide inaccurate reports about physiological or environmental variables which influence their behaviour. For example Mandler (1961, cited in Oatley & Duncan, 1992, p. 281) found that correlations between verbal reports and physiological measures of autonomic variables such as heart rate and sweat gland activity were not often significant and sometimes not even positive. In a famous review of research of this kind Nisbett & Wilson (1977, cited in Averill, 1982, p. 156) concluded that: 'When reporting on the effects of stimuli, people may not interrogate a memory of the cognitive processes that operate on the stimuli; instead, they may base their reports on implicit, a priori theories about the causal connection between stimulus and response'. Nisbett & Wilson's argument has come under attack (for a review of the criticisms see McClure, 1991, p. 47 – 55). One criticism is that they overgeneralise from research which focuses on automatic cognitive processes and they consequently fail to recognise the predictive validity of reports of internal states. As Averill (1982) points out 'No one denies that people are often unable to describe the cognitive processes that mediate behaviour. However, people are typically able to describe the reasons for their behaviour, that is, the rules that help guide their responses' (p. 156). Oatley & Duncan (1992) make a similar point: 'If we allow that a 10% error rate (say) is acceptable in many scientific predictions, we should compare this with rates of error in arrangements to meet someone, or to pick up one's child at a certain time and place, which are as good or better than this' (p. 282). A related point made by Averill (1982), one that resonates with the social constructionist approach to emotion, is that people's stereotypical knowledge about emotion is itself an important topic of study – indeed such beliefs help to constitute the emotion. As Averill puts it the fact that self-report data may reflect social norms and rules 'is no ground to derogate the self-reports – particularly if the purpose of the research is to elucidate those social norms and rules' (Averill, 1982, p. 156). The argument in favour of using self-reports is, then, that these reports – even if they mirror stereotypical notions of emotion – nevertheless reflect key elements of the experience. Indeed these may be the aspects that are *most* useful in predicting people's future behaviour and intentions. Having said

this it is possible that misleading stereotypical notions about emotion emerge in self-report data that is stripped of its context (Parkinson & Manstead, 1992).

A final point about the use of self-report is that it evidently only captures a part of the full spectrum of emotional experiences. This is acknowledged by Oatley & Duncan (1992) who comment that people are unable to report on 'fine-grained' patterns of emotional expression, autonomic reactivity or verbal and non-verbal accompaniments of emotion. As they say: 'People are unable validly to report such patterning, any more than they can say exactly what arm movements they used to raise their hand to vote at a meeting' (p. 282). In this context we should remember that some theorists refer to shame as an extremely subtle and inarticulate experience (e.g. H. Lewis, 1971; Scheff, 1988; Retzinger, 1991) and that most existing studies are unlikely to have captured such 'fine-grained' experiences of shame.

APPENDIX 3
EMOTION DIARY

COVER PAGE

We would like you to keep this special diary of some emotions.
Please watch for these emotions:

- * Guilt
- * Shame
- * Hatred
- * Disgust

There are two pages to fill in for each emotion, **pages one and two**.
We would like you if possible to fill in one of these two page sections
for each of these different emotions should you experience them
during the week.

Please do the first two pages when you have *any* of these emotions,
starting now.

Please then do **pages 1 and 2** for "**Emotion Two**" when you have a
different one of the emotions on the list.

Please repeat this procedure until either you have filled in a section
for all the four emotions, or you come back to the hospital in a week's
time.

Personal

Please be as frank as possible. We only want to know about emotions
generally. So don't put your name on the diary.

We would like this information though, if you would not mind.

1. Age

2. Date when you started the diary

Thank you very much indeed for doing this diary

"EMOTION ONE" - PAGE 1

Fill in pages 1 - 2 when you have an emotion that we are asking about.

1. Which emotion? (Tick one.) Guilt [] Shame [] Hatred []
Disgust []

2. Did you have any bodily sensations? (tick one or more.)

Tenseness (of body, jaw, fists) [] Trembling [] Heart beating noticeably [] Irregular
breathing [] Blushing [] Stomach (churning, butterflies) [] Sweating [] Feeling hot []
Feeling cold [] Other [] - please say what it was
.....
.....

3. Did thoughts come into your mind that were hard to stop, and made it hard to
concentrate on anything else? (Tick one.) Yes [] No []
If you answered 'yes' please say what these thoughts were:.....
.....
.....
How long did these thoughts last (Tick one.) Less than 10 minutes [] Between 10
minutes and one hour [] More than one hour but less than a whole day [] A day or
more []

4. Did you act or feel like acting emotionally in any way?
Yes [] No []. Please say what you did or felt like doing
.....
.....

5. How strong was the actual feeling of emotion? (Ring a number below.)
No feeling noticeable 0 1 2 3 4 5 6 7 8 9 10 As strong as I can imagine

6. How long did the emotion last? hrs minutes

7. Was the feeling mixed, so that there was more than one emotion at exactly the
same time? (Tick one.) No [] Not sure [] Yes []
If Yes, what emotions were in the mixture?
.....

8. What was the next feeling you had after the emotion you are describing here
(Tick one.)
Anger [] Anxiety [] Disgust [] Embarrassment [] Fear [] Guilt [] Happiness []
Hatred [] Sadness [] Shame [] Depression [] Other [] Did not feel emotional
afterwards []

9. Who were you with? (Please tick) Alone [] Friends []
Family [] Spouse/partner [] People at work [] Acquaintances [] Strangers []
Psychotherapy group [] Professional (e.g. doctor, priest, counsellor) [] Other []

If there were other people there, do you think they were aware of what you were
feeling? (Please tick) Yes [] No [] Don't Know [] .

10. What do you think triggered off the emotion

"EMOTION ONE" - PAGE 2

11. Did you tell anyone about this? (Tick one.) Yes ☐ No ☐

If you replied YES could you answer the following questions. If you answered NO could you go on to question 17.

12. Who did you tell? (Please tick) Friends ☐
Family ☐ Spouse/partner ☐ People at work ☐ Acquaintances ☐ Strangers ☐
Psychotherapy group ☐ Professional (e.g. doctor, priest, counsellor) ☐
Other ☐

13. How difficult was it to share this? (Ring a number below.)
Not difficult at all 0 1 2 3 4 5 6 7 8 9 10 Almost impossible

14. Which of the following emotions did you feel as you were deciding to talk about the emotion you have been describing in this section of the diary? (Please tick for all the emotions you felt)
Anger ☐ Anxiety ☐ Disgust ☐ Embarrassment ☐ Fear ☐ Guilt ☐
Happiness ☐ Hatred ☐ Sadness ☐ Shame ☐ Depression ☐

15. Did you feel better as a result of telling somebody how you felt?
Yes No

16. Did you feel worse as a result of telling somebody how you felt?
Yes No

If you answered NO to question 9 ("Did you tell anyone about this") can you answer the following two questions:

17. Were you afraid about how others might see you if you told them? (Tick One.) Yes ☐ No ☐

18. Did the thought of telling anybody make you feel any shame? (Tick One)
Yes ☐ No ☐

APPENDIX 4
CONTINGENCY TABLE FOR THE ANALYSIS OF GENDER X REPORT OF AN INSTANCE OF SHAME

	Female	Male	Totals
Instance of shame	12	5	17
No shame instance	17	4	21
Totals	29	9	38

APPENDIX 5

TRIGGERS OF GUILT, HATRED AND DISGUST

Table One: Triggers for experiences of guilt

P	TRIGGERS
5	A news item about a boy being raped reminded him of the fear he experienced when being raped himself [unfortunately it is not clear from the diary or a follow-up interview why this elicited guilt]
9	Something sexual she had done which made her think she was a bad person [S]
10	Things remind him of his son's death and this makes him want to be alone. He then feels guilty about the way he responds to his wife
11	Upsetting a friend, thinking she should keep the peace and make sure everybody is happy. Thinking: 'I should have kept my mouth shut – its all my fault'
12	Feeling she has let her daughter down – she feels inadequate, guilty and a failure with her daughter.
14	Felt she was neglectful of her mother after speaking to her on the phone
15	A general feeling of guilt about 'not being well ... not being able to cope... feeling [she's] putting on people'. She recorded her thoughts as 'lack of self worth'
16	Guilty about not taking legal action about the sexual abuse she suffered, because the man abused someone else in the family who she felt responsible for protecting
17	Not thinking in an orderly fashion at work – connected with flashbacks to childhood. Thinks 'why are you still doing this'. The emotion is a response to the same situation as his instance of shame
18	Guilty about how badly daughter treats an elderly relative who looks after her – feelings of failure and incapability. Her thoughts are that she should have been a better parent and her daughter's behaviour is all her fault [S]
19	Kids playing her up and fighting and her punishing them as her parents punished her which she hated them for [S]
20	Guilty that a man who is infatuated with her is booking a holiday for her [S]
23	Reflecting on how she's been angry with people in the past who have tried to help her 'on reflection, you know, they were just, they were being there for me, but I couldn't thank them'
24	Psychotherapist suggesting that the way she acted as if she ruled the house was a way of getting back at her abuser. Thought it was not fair on her partner, although she thought he also needed to be punished for betraying her trust.
25	Calling at a friend's and interrupting her when she knew she would be busy
26	The fact that her children are in care [S]
27	Taking her anger out on her son when its not his fault
28	Picking child up from school when she is off sick, because it looks as though there is nothing wrong with her. When people see that she looks alright she feels guilty that she is not at work [S]
29	Inability to perform sexually
30	Over-reacting angrily to her mother
33	Talking about abuse in childhood and feeling to blame and disgusted
35	A dream in which she acts unpleasantly and her partner takes her baby away from her
36	Feeling he's wasting people's time at the clinic – there are people worse off
37	A 'stupid' argument with her mother, felt guilty because her mother 'was only trying to be nice'
38	Can't help family financially because he can't work (due to injury)

[S] indicates that the emotion was described as being mixed with shame

Guilt (see Table One) appeared, not surprisingly to be characterised by the perception of wrongdoing or imposition on others with 76% (19/25) referring to some kind of negative effect of themselves on others, and the strong possibility that this may be the case in most of the other instances (e.g. P9's reference to the sexual thing she had done that made her feel guilty, or P17's description of not thinking in an orderly fashion at work). This appears to confirm that the experiences of guilt recorded in the diary really were experiences of guilt (see

Lewis’ 1971 description of guilt). Guilt seemed typically to have been experienced in the context of ordinary daily interactions, typically with mothers, children or friends, with 72% of guilt instances (18/25) appearing to be of this kind. This contrasts with shame where as noted above there seemed often to have been a preoccupation with past experiences, or a precipitating effect of psychotherapy. For shame only approximately 18.7% (3/16) of instances could be counted as being triggered in daily interactions in this way, and typically in shame there seemed to be a greater sense of abnormality or singularity both about the self and the circumstances in which the shame took place.

Table Two: Triggers for experiences of hatred

P	TRIGGERS
2	Participant attributed feelings of hatred towards her abuser and ex-partner to her ‘periods’
3	Thoughts about how her mother had failed to protect her from sexual abuse, and chosen not to listen when she had told her later on about it
4	Not being able to hold his own in an argument about politics, in which the other person humiliated him
5	Another driver cut him up and could have caused an accident which hurt his children
7	Discovery that someone close had been abused – hatred towards the ‘sick and perverted’ people who abuse, and anger towards wife because she didn’t understand
9	Thoughts about her partner’s parents being abusive, anger towards partner for not being more assertive
11	A friend had double-booked seeing her with another friend, which made her feel she was being used
13	Friend let her down ‘as usual’
15	Friend went out and left her alone for ‘first time’
17	Self-hatred caused by flashbacks to his scenes of violence and physical abuse in childhood.
19	Thoughts of her mum hitting her as a child and how she felt then and now hating herself for doing the same to her children [S, G]
22	Memories of ex-partner abusing her in ways which he didn’t have the right to do ‘the more I think about it the more of the hate comes into me’
24	Tried to deceive husband into believing she was going to sleep with him when she was not. Hated him for finding out
25	Feeling intruded on by men visiting a betting shop below her flat
27	Speaking to a man in the housing dept who was very arrogant and unhelpful
28	Husband ignoring son’s friend and not replying to him
32	‘thoughts’ (no interview)
34	‘thinking about the situation , driving past a place that triggers memories’ (no interview)
36	Teenagers ‘arsing around’ with automatic train door
38	Teenager in street breaking things and making residents’ lives miserable

100% of the triggers for hatred (18/18, with two instances excluded because the participants did not provide any information about the focus of the hatred) seemed to concern harm done *by* others. 22% (4/18) of these instances actually involved harm that was done by others *to* others rather than the self (for instance the abusive parents of one participant’s partner). The remainder concerned harm done to the self.

Table Three: Triggers for experiences of disgust

P	TRIGGERS
1	Self-disgust which occurred when she weighed herself. Thoughts ‘how had I got to this state? Why couldn’t I beat the feelings from past? Would I ever be able to climb up out of this mess

	(and stay out)
2	Not very clear if self or other – related to thinking bad things about ex-partner. Thoughts ‘wanting revenge on abuser.’ Also said going to counselling and being depressed ‘triggered off the feeling of disgust and thinking bad things about wanting him to die’
3	Thinking about her self-image and how she has had to ‘claw back all the time’ to regain her self-respect after being abused. Not clear whether disgust at self or abuser
8	Looked at the mirror and thought she was ugly (self-disgust)
10	Disgust with himself for not being able to control his feelings
16	Having to think about her abuse in assessment interview. Not clear whether self-disgust or disgust with abuser/abuse
17	P didn’t know. Thought it was probably to do with past experiences. Wanted to end his life and thought ‘no reason for me to be here’
18	Disgust towards daughter who expresses great resentment to her, and towards herself for setting a united front with her abusive father to her daughter
22	Didn’t want to talk about it, but it was a memory about being badly treated by her ex-partner. Thought ‘why did I let it happen? Why did he treat me this way?’
24	Disgusted at herself for lying to her children about why she was coming in to the hospital. Thought: ‘why can’t I be normal? why have I let these things go on so long? Did I really hate what happened or did I secretly enjoy it?’
28	Disgusted by husband’s behaviour towards the children and his ignoring her. Also connected with disgust about husband having an affair
31	Ex-partner breaking promises he has made to their son. Thought ‘how utterly selfish this particular person is’
33	Disgust with herself for letting sexual abuse happen in childhood, triggered by talking in assessment
34	Looking in mirror thinking ‘why did it happen’

There appeared to be no universal theme in the accounts of triggers for disgust (see Table Three) although many of them appeared to involve some kind of recoil from their image of themselves, so that much of the disgust reported appeared to be self-disgust. Self-disgust was explicitly mentioned in 57.1% cases (8/14). This may have accounted for the despairing quality of the thoughts recorded by many of the participants for this emotion, for example ‘why can’t I be normal?’ (P24), ‘why couldn’t I beat the feelings from the past?’ (P1) and ‘no reason to be here’ (P17). Only two instances of disgust appeared to be clearly focused on disgusting actions by others which took place in the week that they completed the diaries and which did not appear to involve any ‘contamination’ of themselves (P31 and P28 – although in this latter case the emotion was mixed with shame, suggesting that even here it may have ‘contaminated’ her feelings towards herself).

APPENDIX 6
SEMI-STRUCTURED FOLLOW-UP INTERVIEW TO THE DIARY STUDY
ON THE EXPERIENCE AND DISCLOSURE OF EMOTIONAL
EXPERIENCES BY PSYCHOTHERAPY PATIENTS

THE INTERVIEW

QUESTIONS FOR EACH EMOTION RECORDED

1) IF EMOTION DISCLOSED:-

(i) Can you describe the circumstances in which you disclosed?

Where were you?

What was happening?

How did you build up to it?

What do you think prompted you to tell someone about this?

(ii) How did you feel after telling about this?

(iii) Did talking about it make you feel stupid or silly or ashamed of yourself?

(iv) Do you think talking about your feelings was helpful in this instance?
Yes [] No [] In what ways do you think it was helpful? In what ways do you think it was unhelpful? (are there any ways in which you think it might have been unhelpful?)

(v) a] How do you think other people felt towards you when you told them about your feelings?

b] Were you bothered/pleased about how they felt towards you?

(vi) What effect do you think talking about your feelings had on your relationship with the people/person you told?

2) IF EMOTION NOT DISCLOSED:-

(i) If you can can you explain why you chose not to tell anyone?

(ii) Do you think that if you told somebody you would feel stupid, or silly, or ashamed of yourself?

(iii) What would have to be different for you to tell someone about this?

(iv) Do you think that *not* talking to anyone about the way you felt had any effect on your relationships with other people?

APPENDIX 7 **TABLE SHOWING DATA ON HABITUAL NON-DISCLOSURE**

<i>P</i>	<i>INTERVIEW MATERIAL</i>
2	a) Although P has recently disclosed sexual abuse to a counsellor and a friend she talks about how 'its always been a dark secret'. b) She talks about how she has been 'like covering up, so nobody else in the family clicks onto what's you know, wrong'. She thinks after counselling she'll be able to tell people.
3 D	
4	'after a while these things are less interesting if you keep going on about them, they get boring. I tend to try not to. So I try to avoid talking about [it most of the?] time'
5	a) P said kept everything to himself because his abusers told him not to tell anyone and he assumed this was normal b) P said that 'I normally keep um things to myself...'
6 D	
7	a) P says that nobody else needs to know: 'If I told anybody about it I wouldn't forgive myself really. Because what it's. I think I I just want to live with it my own way, and just let me and the wife and whoever else was involved sort it out her own way. No, nobody else needs to know about it' b) P says that emotional experiences has no 'bearings on anybody else': 'I chose, well the reason I chose is because I didn't think it had anything to do with anyone else. It was something that um I'd done. I was ashamed of what I'd done, and that um [pause] and it was something that I had to sort out myself. And it had no bearings on anybody else, and nobody needed to know. Of what I'd done and why I was feeling this way. So no, I didn't find any reason to tell anybody. It had nothing to do with anybody else' c) P indicates his determination to keep experiences associated with his sexual abuse to himself: 'It does because I won't talk to, I will not talk to anybody. Not even my wife'
8	a) 'I don't find it easy to disclose anyway', b) 'I'm a very private person, and I find it really difficult'
10	'You know, and I I find it, I've got friends, you know, but I don't discuss anything like this with friends, or. And basically I'm just on my own really, and I've got to sort it for myself.'
11 D	
12	a) P says she'd find it very difficult to talk family or friends: 'I mean I, they obviously know that I've had problems, but to break it down and talk to them about emotions, but, I'd really find it hard.' (though she says she finds it easier to talk to a doctor or a CPN). b) P says 'it's not something that I actually have spoke about really'.
13 D	P talks about how she can't 'get it out' of her: '[Inaudible] when I was sitting [inaudible] said something to me as well. Cos I get angry. I get angry, but I can't get it out of me. So I just sit there quiet and take no notice. Well, I pretend not to take any notice, but I do really'.
14	a) 'I really don't feel I want to drag all the emotions up, um, with people, I just find it better left unsaid' b) 'Not, no, it just didn't seem relevant to tell anybody' c) 'I don't know really. I don't think I would discuss it with anybody. I really don't think I would' d) 'whenever I'm unhappy I don't talk to other people about it. I find it very hard.'
15	a) P keeps her intense feelings of guilt to herself: 'I don't talk about it' b) if anybody sees her when she's feeling this way she says she hides it. c) P says 'cos you can't express it really, so you just keep it inside. By just keeping it inside. Um. But I don't find it easy to share, that particular feeling.'
16	a) P very clear that she wouldn't talk to anyone about her CSA: 'No I wouldn't tell anybody'. b) 'I couldn't see myself telling anybody.' c) 'It's not an option'. d) 'I don't want anybody to know. That's what happened to me. [Mm] I don't want anyone to know anything that had happened'. e) 'Yeah. [Yeah]. The only way I can conceive of telling anybody is if I was telling it to them about somebody else. [Mm] But not as me'. f) 'I just... I wouldn't be telling anyone.'
17	[says re 'pointless' category that talking to his wife would be 'life beating a dead horse']
18	a) 'I, I don't really share ... out my feelings and thoughts very much' b) 'I somehow keep it all bottled up' c) 'I don't really discuss anything to, with other people. Not much.'
19	'Nine times out of ten I don't bother to say anything, because I just think, you know, he's judging me, on certain things, by saying that I am a lousy parent to the extent that he says I've got no control over my children'
20	D
21	a) Said that she had never discussed emotional situation with anyone apart from interview and therapist. She said 'I feel that uh, its like carrying a load that you don't want to carry that, cos you can't share it sometimes its unbearably hard'.

	b) 'I'm not open, I'm not an open person'.
22	<p>a) Interviewer asks P if she is nervous about talking in the interview. She says: 'You know to me its something private and I just don't want to share it with anybody'.</p> <p>b) 'I don't know, I just think its private. Why should I share it? You know, you know. I just believe leave it the way it is, you know'.</p> <p>c) 'as I just said before, its something um, you just don't talk about. You just try to keep it private.'</p>
23	<p>a) P describes herself as a 'closed person': 'Um, I think that's just me generally. I'm quite a closed person, and I don't discuss how I feel about anything, so it would be natural for me not to tell anyone about anything that I feel [inaudible]... I tend to bottle things up.'</p> <p>b) 'I'm just so used to not talking about things, that I just don't think I could really.'</p>
24	<p>a) 'I don't think I'd be telling anyone. No, no I don't think I would have done. Nothing can change really ... I can't imagine talking to anyone about it'.</p> <p>b) 'I would. I would feel silly and stupid. Yeah I would, very much. I'm a very private type of person.'</p>
25	
26	<p>a) 'the problems I've got at the moment, I'd rather keep them to myself than...'</p> <p>b) 'I try to hide all my feelings'.</p>
27	
28	<p>a) 'Um. I find it hard, um, to talk about, sometimes I think, Oh its best that I just ignore it, and I find that way I bottle things up. And I try to block it out myself, but the time I'm just getting all worked up, but, sometimes I think, well its not worth telling anybody'.</p> <p>b) 'Um, its just the way I bottle things up for so long, and I just keep it to myself. Like another thing as well, being silly, um, well perhaps to others it might be something trivial, you know, its nothing to worry about. But to me, you know, it was'.</p> <p>c) 'Uh, its like I say, [inaudible] I just tend to bottle things up myself and uh just try and put it to the back of my mind ... [And do you know why you try to bottle things up?] 'That's something I've always done... I've never done anything different'.</p> <p>d) 'if there's anything emotionally I don't really say anything, unless, you know, I have to... You know I try to keep it, you know, a front, and just don't tell, you know, anybody.'</p> <p>e) 'I've always done this, and that's the way I do, I don't realize that I'm doing it, but, sometimes I choose that I'd, you know, that I want to keep it to myself, I don't want people to know', f) 'Anything to do with myself I try, like I say, I try and bottle things up'.</p>
29	D
30	<p>a) Before I turned on the tape she said that writing down and talking about personal things was something she didn't like doing - and that was probably another reason for not filling in the diary.</p> <p>b) Yes, yes. I sound very so-, I'm not solitary, I have got friends. But I don't go as far as they think I do with them, perhaps.</p> <p>c) (reluctance to disclose in interview) 'Mm, because I grew up with the feeling of disgust, I mean intense disgust. And uh, that's something I try and put away from me, because it disgusts me about me too, although it had nothing to do with me. Um, but uh, I have actually used the term I am disgusted by something that happened. But again it's to do with someone else's actions, which I found nauseating, really nauseating. Um, but uh, I don't want to talk about that, if you don't mind.'</p>
31	D
33	<p>a) P says she finds it hard to talk about CSA: 'I find it hard to talk about it. [Yeah.] Because my mother didn't believe me for so long, I find it really hard to like talk to someone about it'.</p> <p>b) P also seems to inhibit disclosure of her experiences more generally: 'I don't think I'll ever be able to tell people, you know. They'd have to be like, really, really close friends because I don't know just... I expect it's the way I've been brought up, I've never been able to, if something's happened I mean, you know, keep it to yourself. That's how I feel. I'd feel dreadful if I had to tell anybody, you know, anybody and everybody. I mean it's really difficult to, like, to say um to work, I've got to go out. I mean they, they don't know what's happened, or what's gone wrong'.</p> <p>c) 'I'm not one for telling people how I'm feeling. I expect them to read me [laughs slightly].'</p>
35	'I would feel it's not the right thing to do'
36	<p>a) 'Has it happened? I really haven't spoken to many people. [Inaudible] professional people, even then I still feel, uncomfortable.'</p> <p>b) 'I don't know, you see, I've been very good over the years at building up brick walls.'</p> <p>c) 'It was a whole gamut, gamut of things, and um, because uh, the guilt grew even more, and has done progressively, um, it's something I find I don't want to share, to people who, well I don't think it's any of their business [laughs slightly]. There we are. I don't really think it's um, if we're talking about colleagues or, or, or close friends I don't think it is, uh, I don't think it's of any value.'</p>
37	
38	<p>a) 'No, well I tend to coop it away ... I tend not to involve them now, as much as possible, you know, so. That's basically the trouble, I bottle it up'.</p> <p>b) 'I just keep it to myself, you know'</p> <p>c) 'Yeah, because I've always bottled it up. I've always sorted me own problems out, you know what I mean?'</p> <p>d) 'as I say, I tend to bottle it up more than anything, instead of telling anyone'.</p>

[D – indicates that the participant disclosed all emotions reported in the diary, and was not therefore interviewed about non-disclosure of emotional experiences]

APPENDIX 8

SUMMARY TABLE OF MATERIAL FROM INTERVIEWS ON ANTICIPATED SOCIAL RESPONSES RELATED TO NON-DISCLOSURE

<i>P</i>	<i>CATEGORY (expected response)</i>	<i>INTERVIEW MATERIAL/SUMMARY</i>
2	(i) negative response (ii) harm/bother to others (iii) lack of understanding (iv) not believed	(i) Mother accuses her of raking up the past, and they end up arguing. (ii) a) Would make mother more ill, b) Would split the family which is in any case 'fragile'. (iii) a) Thought ex-boyfriend would understand but he didn't b) People wouldn't understand because she puts on a pretence of being happy (so they wouldn't believe her). (iv) Because it happened so long ago, and she's covered it up so well.
4	(i) negative response (ii) harm /bother to others (iii) lack of interest/ attention	(i) Believes other people would get 'fed up'. (ii) Says his mother thinks that he is trying to upset her if he talks to her. (iii) People ask about feelings for 'entertainment value', but after a while 'these things get less interesting if you keep going on about them, they get boring'.
5	(i) negative response (ii) lack of understanding (iii) confidentiality (iv) trust	(i) a) He may be told he's 'stupid' which he says is 'one word I can't stand', b) Fears that if he disclosed his sexual feelings concerning another group member he would be kicked out of his therapy group. (ii) Says that he doesn't disclose because other people don't understand. (iii) Concern that people wouldn't keep maintain confidentiality and that this would 'rock the boat' of his marriage. (iv) Says that he doesn't trust people in the group (and that there is no 'bond') and fears that he'd expose himself as being different - 'a one-off'.
7	(i) negative response (ii) harm/bother to others (iii) lack of understanding	(i) a) People would look at him differently if they knew about his CSA b) When he has a tantrum people think 'he's got a screw loose'. (ii) Didn't want to talk about one emotion because he didn't want 'anybody else brought into it' – referring to a relative whom he had discovered had also been sexually abused – protecting her from further exposure. (iii) a) Went into tantrum because he felt his wife wouldn't understand about his CSA, b) Talked about how he couldn't explain his tantrums because other people would not understand what had happened to him.
8	(i) negative response (ii) harm/bother to others (iii) lack of understanding (iv) unhelpful positive responses	(i) People would think she was 'stupid' and tell her what she was feeling was 'wrong'. (ii) Her friends get upset if she tells them. (iii) Other people don't understand. (iv) Doesn't want her friends' 'reassurance', sympathy or to cry on people's shoulders because she doesn't find this helpful.
10	(i) negative response (ii) lack of understanding (iii) unhelpful positive responses (iv) lack of interest/ attention	(i) a) People such as his wife tell him 'you shouldn't be like this, pull yourself together' and that 'just makes me feel a lot worse', b) His wife says to him 'I suppose this is another bloody depression'. Then he wants to be left alone until he can respond better. (ii) Agrees with interviewer that he felt that other people wouldn't understand. (iii) Says he's had many people making 'silly statements' or giving 'good advice' or making comments such as 'life goes on'. P rejects these because he feels the people that make them haven't actually experienced what he's experienced. (iv) a) Conversations with his wife revert back to her problems and he feels he doesn't get a response from her (it falls on 'deaf ears'), b) People he knows would think he was joking if he tried to talk to them.
12	(i) negative responses	(i) a) Agreed with diary question that she was afraid of how other people would see her if she disclosed, b) At end of the interview she said that her non-disclosure was associated with her feeling unsure of herself and unable to account for herself if the other person's reaction to her was negative.
14	(i) negative responses (ii) harm/bother to others (iii) lack of understanding	(i) Believes other people would think she was 'barmy' or 'crackers'. (ii) Doesn't want to 'burden' others people with her 'depression' or her 'problems'. (iii) Doesn't feel people will understand and thinks they will think she is abnormal if she tries to explain about her family.

14	(i) negative responses (ii) harm/bother to others (iii) lack of understanding (iv) unhelpful positive responses (v) lack of interest/attention (vi) pointless	(i) Believes other people would think she was 'barmy' or 'crackers'. (ii) Doesn't want to 'burden' others people with her 'depression' or her 'problems'. (iii) Doesn't feel people will understand and thinks they will think she is abnormal if she tries to explain about her family. (iv) Feels people would give her 'a lot of advice that I probably wouldn't take'. (v) Thinks other people would think it was 'boring' if she spoke to them. (vi) Says 'I just don't see the point in discussing things with people'.
15	(i) harm/bother to others (ii) pointless	(i) Feels that if she talked to anyone she'd be 'putting upon people' and that they have better things to do than listen to her 'wallowing in self-pity'. (ii) 'It's not that they could do anything anyway'.
16	(i) negative responses (ii) not believed (iii) confidentiality	(i) a) If others were to see her 'inner weakness' they might take advantage of her, b) People would think that if she'd been sexually abused she must have brought it on herself, c) People can't judge her if she doesn't tell them. (ii) Fears that she might not be believed (re sexual abuse). (iii) If others were to have this information about her (about CSA) she would be vulnerable because they might tell other people.
17	(i) negative responses (ii) harm/bother to others (iii) pointless	(i) Fears that others might think he was a 'freak'. (ii) Says his wife is 'sick and tired' of hearing it. (iii) Feels disclosure would be 'like beating a dead horse'.
18	(i) harm/bother to others (ii) pointless	(i) a) When she does talk about what's happening she gets upset and feels that other people then feel obligated, b) Doesn't want to encroach on other people's time. (ii) Doesn't think others can help her, and thinks there is 'no point' telling people.
19	(i) negative responses	(i) Husband will judge her and say that she is a 'lousy parent' who has no control over the children.
21	(i) negative responses (ii) unhelpful positive responses	(i) P says that she was 'very anxious' about how I would respond to the emotional experience she wrote about. She became tearful when she told me how she feared I would 'sit in judgement' and categorise her. (ii) Is worried husband would tell her not to worry and everything was fine if she told him. She would consider this to be him telling lies and not taking the situation seriously.
22	(i) harm/ bother to others (ii) not believed	(i) a) Talking about her abusive partner would ruin her daughter's life, because her daughter sees him as a father figure who is there to protect her 'to tell her he's not the perfect dad what she perceives, it would, um, be ruining two lives really, instead of one', b) P expresses a fear of being judged when she says that she felt better after confiding in her doctor because 'I think somebody was there to listen and they wasn't judging.' (ii) Doesn't think that other people would believe what her partner has done to her.
23	(i) harm/bother to others (ii) unhelpful positive response	(i) If she told people close to her how she was feeling she'd feel guilty and that she'd let them down. (ii) a) When she spoke to a psychotherapist in past she told her parents and they said 'don't be so ridiculous, pull yourself together! You've got everything going for you', b) Finds it difficult if people say that she hasn't been that bad, because she thinks that they are lying.
24	(i) harm/bother to others (ii) lack understanding (iii) unhelpful positive responses (iv) not believed (v) pointless	(i) Even if someone could understand P says she wouldn't want to tell them because she wouldn't want 'to be a burden on them'. (ii) a) Felt assessor wouldn't understand her because she seemed so young and pretty, and probably hadn't experienced what P had gone through, b) Said that though people say they understand they don't really. (iii) Doesn't tell people about things that make her sad because she doesn't want their (especially men's) sympathy which she regards as 'access to manipulate me'. (iv) P says that people just would not believe that her marriage is not a happy one. (v) Says that she would not talk to people about emotion because 'nothing can change really'.
25		
26	(i) negative responses (ii) lack of interest/attention (iii) trust	(i) Told people in the past and found that they looked on her in an 'entirely different perspective' – a worse one. (ii) People 'might not just be bothered or want to sit there and listen'. (iii) Says that she can't trust anybody.
27	(i) negative responses (ii) trust	(i) Felt available recipient of disclosure might be judgmental. (ii) Felt she couldn't trust available recipient enough to talk to her.
28	(i) negative responses	(i) a) P says that she feels people 'don't care' and that they would see her differently and think she was 'stupid' and 'not very strong'.

30	(i) negative responses (ii) harm/bother to others (iii) trust	(i) Says that she'd worry about what the other person would think. (ii) Fear of betraying her close family (generally her mother) and being disloyal if she spoke about feelings connected with her family. (iii) Nobody in her life who she feels she could trust to stand up for her 'no matter how they look'.
33	(i) harm/bother to others (ii) unhelpful positive responses (iii) lack of interest/attention (iv) not believed	(i) a) Can't talk to husband because 'he doesn't like the details' and 'he knows the person' (re CSA), b) Doesn't want to 'burden anybody with a problem'. (ii) Says that in one way she would like to tell someone, because they would feel sorry for her, but at the same time she doesn't want people to feel sorry for her. (iii) P says that a former counsellor had had great difficulty trying to talk to her mother about the sexual abuse. She comments that 'some people listen, don't they, and some people don't'. (iv) P talks about how her mother didn't believe her when she talked about the sexual abuse to her.
35	(i) negative responses (ii) lack of interest/attention	(i) Spoke about how she would never speak to anyone 'who's in a cosy little life... who wouldn't have the first clue of what you were on about, and think it completely odd, not to be looking on the bright side of life'. (ii) Talking to work colleagues or most friends would be 'inappropriate' because P doesn't think they are very interested and it would make them feel uncomfortable.
36	(i) negative responses (ii) harm/bother to others (iii) lack of understanding (iv) unhelpful positive responses (v) pointless	(i) Talking about it would cause arguments with his wife and bring up things which 'inevitably take their toll'. (ii) a) Doesn't want to 'dump' on others (that makes him feel worse), b) With regard to therapy he feels that he shouldn't be 'taking up people's time' and that other people who are worse off should be 'at the top of the queue'. (iii) P wouldn't expect anybody to understand. (iv) P says he doesn't 'want the sympathy touch, or that type of reaction'. (v) a) Decided there would be no point in 'dragging the issue up again' with his wife because it would cause an argument, b) P doesn't think talking with colleagues or close friends is 'of any value'.
37	(i) other	(i) P said that the reason she hadn't told anyone was simply because she hadn't yet seen her partner, but she would tell him when she saw him later in the day (if it had been really bad she would have phoned him).
38	(i) negative responses (ii) harm/bother to others (iii) lack of understanding (iv) unhelpful positive responses (v) lack of interest/attention (vi) pointless	(i) a) A 'normal' person would say 'he's round the bend' as soon as you turned your back after telling them, b) His wife might not agree with what he said, in which case he is 'likely to go up the wall again' and this will 'double' the problem. (ii) His wife's work involves her taking care of people's problems and he doesn't want to make her have to listen to him when she comes home because then 'she's having it twenty four hours a day'. (iii) P says he can't make people understand that he now has problems which mean he can't sort out other people's problems as he used to do. (iv) a) P says that he is 'back to the same thing' when he tells somebody and they say 'well no, you ought to do so and so here', b) P refers to unhelpful practical advice (about getting a mobility allowance) given to him by psychiatrist. (v) P says his wife 'don't, uh you know, choose to get involved with it now'. (vi) Says he can't see any point in telling his wife because 'she ain't going to make it better ... She's not able to help in any way ... to make it easier'.

APPENDIX 9 **SUMMARY TABLE OF MATERIAL FROM INTERVIEWS ON** **ANTICIPATED SELF-RELATED RESPONSES ASSOCIATED WITH NON-** **DISCLOSURE**

P	CATEGORY	INTERVIEW MATERIAL/SUMMARY
2	(i) shame etc (ii) out of character	(i) a) Shame (because happened so long ago it shouldn't make a difference and fear that she won't be believed) b) Shame (related to being 'let down') c) Shame (because others won't understand). (ii) a) Emotion contradicts how she presents herself 'the family see me as a laugh, and a sense of humour and all that stuff, and, um, I don't know how they'd see me if I said anything', b) Given how she normally presents herself her story would not be given credence 'Because I put on this pretence of being happy and all that stuff. Um, I don't think they'd understand. They probably say, um, 'you seem all right to me' and all that stuff.'

	(iii) inability to justify own feelings	(iii) a) Agrees with interviewer that she feels it wouldn't be appropriate to talk about her abuse with people outside counselling, b) Seems to feel there is no script for talking about it 'It's just the actual thought of saying. How do you start a conversation?'
4	(i) shame etc (ii) rejection of own feelings	(i) a) 'I'd feel stupid', b) P says he would feel stupid and ashamed because the feelings are 'girly', c) P says he would feel ashamed because he couldn't control his feelings. (ii) a) P relates rejection of his emotional experiences to gender roles: 'It's this thing about men not talking about their emotions. Uh. It's a girly thing to do', b) shame related to inability to control feelings, c) P says that 'I shouldn't feel this about it' – his emotional experience is not justifiable.
5	(i) shame etc (ii) inability to justify own feelings	(i) P agrees that he'd feel 'stupid, silly and ashamed of himself' if he disclosed undisclosed emotions (relates this to lack of trust, lack of bond, and a sense that he might be different from others). (ii) P says he didn't disclose emotion 'Because I might have to explain why. Well I don't really like to get into a situation where I have to explain everything that I think and do.'
7	(i) shame etc (ii) out of character (iii) inability to justify own feelings (iv) own responsibility	(i) a) P says 'talking to anybody really would make you feel ashamed of it.' (referring to CSA), b) P feels shame about his 'tantrum': 'once it's over, then I feel silly, I feel ashamed. Because I think to myself, why did I do that? What was the point of it? What was the whole point of doing that? All I've done is made myself look stupid'. (ii) P says 'its something, what it is it's not something you want to tell everybody is it? It's, it's um. When people look at you they don't expect that, you know, something's happened to you'. (iii) a) 'I just didn't know what to say. Um. In a way it's like saying, I didn't know what, how to explain to the wife, the way I reacted', b) Inability to explain because it would affect third party: 'I couldn't tell anyone how I was feeling because I'd have to try and explain why I was feeling that way, and it would mean involving the other person ... It would've have to involve a lot of unnecessary explaining to do.' c) P talks about how the anger builds up inside and 'you can't release it, because by releasing it, um, you've got to try to explain to people why you're feeling this way, why you're reacting this way. Without telling them what happened', d) 'I can't. I just can't tell anybody really how I feel. I can't, just can't explain it. She, she wants to know why I go into these rages, and I can't explain it'. (iv) a) 'it was nothing to do with anybody else, it was my business', b) 'it was something I had to sort out myself', c) shame is related to 'not telling somebody (about the abuse) sooner. The fact that when it first happened I should have told someone. And that, it went on for years, and I never told anybody. And it could have been stopped' and says 'If I'd told my parents when it first happened, then I wouldn't be living like this. Cos it'd have been sorted out'.
8	(i) shame etc (ii) out of character	(i) a) Would feel 'stupid' because if she told friends they would say 'Oh don't be silly, you know, that's wrong, it's not true' b) Would feel all three (stupid, silly, ashamed) if disclosed because would be reduced to 'relying on other people to help me' and would not be 'in control of the situation'. (ii) P talks about how disclosure would betray the identity she maintains with others: 'And I've always been really strong and in control. And to tr- to to then be reduced to relying on other people to help me, and, um. Other people usually tell me their problems, and to tell them, it's too difficult for me... I've kept it together up to now, but. I think it's just so difficult, um, to put myself in a position where I'm not in control of the situation'.
10	(i) shame etc (ii) out of character (iii) inability to justify own feelings (iv) own responsibility (v) rejection of own feelings	(i) a) P would feel embarrassment and shame if disclosed because he can't deal with situation and feels he's a failure, b) Would feel shame because he would feel he is not in control and he'd feel inadequate and not in charge of his own thoughts, c) P would feel 'stupid, silly or ashamed of himself' because if he disclosed he'd feel 'at a disadvantage'. (ii) a) [related to being afraid of how others might see him if disclosed] 'Uh, the reason that being is I've always been a very, very strong character. And my, I've had a lot of family problems, and I've always been the one who's been, who when I've been you know.... I was always the one who was sort of called upon to sort any problems out'. b) Shame related to fact that P has 'coped with so many devastating things that's happened to me. Uh, and I've got through that. Um, I feel as if I'm a failure really'. c) P talks about only being able to disclose to people who didn't know what he has been like before – a 'strong, type of person that nothing sort of got to me, and all the crap that sort of fell on my head.... I just used to carry on with a smile'. (iii) a) P talks about how he can't explain things to his wife because conversations always end up focusing on her problems, b) P talks about how he doesn't want to have to explain himself 'I just wanted to be left alone and just carry on on my own, without having to explain myself' c) P says he could only talk about his feelings in an environment where he doesn't know people and therefore 'where I don't, I haven't got to justify myself to people'. (iv) P feels that 'you're there on your own. You know your own problems. You've got to sort them out yourself. It's easier said than done. It took a lot for me to come here'. (v) a) P says he feels shame about not being able to control his own thoughts and feelings, b) He says that if he cried he would feel vulnerable and at a disadvantage because he would have shown his 'weakness'.
12	(i) shame etc	(i) P says that if she were to talk to family or friends she would feel shame (relates this to

	<p>(ii) out of character</p> <p>(iii) inability to justify own feelings</p>	<p>not being able to explain her emotions).</p> <p>(ii) P relates not disclosing experience to fact that it contradicts how people see her: 'it's not something that I actually have spoke about really. Just mind. I think because I'm seen to have this really good relationship with my children and probably too, because I am, constantly trying to work it out, and work it out with her, you know, and I, I think it's a sense of failure really, about it. But, I don't compound it by having people know.'</p> <p>(iii) a) P talks about how difficult she finds it to speak to family and friends about her feelings 'I just find it hard to clarify it really, you know, to just explain or just, yeah, to talk' (she says that talking to professionals is more helpful because they help her explain why she has the emotions), b) When P talks about what could be different she says that if she were stronger she would be able to 'explain' things to people even when their reactions were negative.</p>
14	<p>(i) shame etc</p> <p>(ii) inability to justify own feelings</p>	<p>(i) a) P says she would feel stupid and ashamed if she disclosed (because she feels people wouldn't understand her relationship with her parents and would think there was something abnormal about her if she tried to explain how she felt about her family), b) P says shame prevented her disclosing again (because she felt she 'put a damper on what should have been a perfectly nice enjoyable evening' and she couldn't justify why she felt so irritated by people).</p> <p>(ii) a) 'I can't explain it, but I feel bad because I feel like that. There's no reason why I should', b) 'I felt terrible all day Sunday, because I couldn't justify the way I felt', c) 'Well I feel ashamed and put the damper on what should have been a perfectly nice enjoyable evening. Um, I didn't want to do that. Couldn't justify why everybody was irritating me so much. Couldn't understand myself why I felt like that. Um, I don't know why I have these feelings, but it's quite common', d) P thinks that people will think she is 'abnormal' if she tries to explain how she feels about her family.</p>
15	<p>(i) shame etc</p> <p>(ii) inability to justify own feelings</p> <p>(iii) rejection of own feelings</p>	<p>(i) a) P said that she didn't tell anybody because of the guilt, b) P also said that she thought that she would feel 'stupid' if she told anybody and that she was feeling 'silly' about the way she was feeling, c) P also said she felt her feelings were silly and that she felt ashamed after she disclosed another emotional experience to a friend.</p> <p>(ii) 'Its not something I can express so easily to people that are close to me. Um, because it seems so silly'. P agrees with interviewer's suggestion that 'it seems sort of irrational, or something?'</p> <p>(iii) 'I was feeling silly about what I was feeling'.</p>
16	<p>(i) shame etc</p> <p>(ii) inability to justify own feelings</p> <p>(iii) reluctance to experience unpleasant emotions/memories</p>	<p>(i) a) P agrees that if she told somebody she would feel ashamed (related to thinking she would not be believed or that people would think that she had brought the CSA on herself), b) P agrees for next emotion that if she told somebody she would feel ashamed (because of what happened and that it happened to her), c) P says same for third non-disclosed emotion (she is ashamed of people judging her).</p> <p>(ii) P was scared that therapist would recognise that she felt guilty and she would have to explain why she felt this way about the CSA: 'if she had said to me why didn't you do anything then I would have felt that I had to give her reasons as to why. I couldn't have just left that. I would have had to have given my side then. You know to reason why I did or didn't do something. I would have had to have given a reasoned explanation for that. Because again about thinking bad of me.'</p> <p>(iii) 'if I don't tell anybody people can't remind me about it. And then eventually, when the memory gets distant, you can blank it, forget it happened, you know pretend that it didn't happen, or it didn't happen to me'.</p>
17	<p>(i) shame etc</p> <p>(ii) inability to justify own feelings</p> <p>(iii) problems are own responsibility</p> <p>(iv) rejection of own feelings</p>	<p>(i) a) P said that the thought of telling his manager made him feel shame ('because no matter what I say he's going to say "no, you're wrong"'), b) P said that the thought of telling anybody apart from his wife made him feel shame ('because I'm not supposed to have these feelings. I'm supposed to be self-disciplined'), c) P says shame related to 'things that I didn't think about, or should have thought about', d) P agrees that the thought of telling somebody made him feel shame 'because, uh, these are things that I should have a handle on where I don't'.</p> <p>(ii) a) P described a feeling of shame caused by his feeling that he is unable to explain things 'I can't express myself the way other people can. I can't seem to communicate at times, I feel... there's times when I feel that I can't get my point across, no matter what I do'. P goes on to say 'I was disgusted with myself that I can't explain things properly'.</p> <p>(iii) a) P blames himself for his problems: 'That's why I said I was stupid, because if I just thought a little better, you know, if I get my mind to think a little better I wouldn't have, I feel I wouldn't have the problem in the first place', b) P believes he 'should' 'have a handle' on things (see shame etc above), c) P believes that solving his problems is solely down to him – non-disclosure related to 'I had to make a stand where, you know, I'm trying to redirect my life around, and it's something I'd better handle on my own'.</p> <p>(iv) a) (Related to shame – see above) 'I'm not supposed to have these feelings, I'm supposed to be self-disciplined, you know', b) (Related to shame) 'I just don't think about things the way I should'.</p>
18	<p>(i) shame etc</p>	<p>(i) a) P says that if she told somebody she would feel ashamed and stupid (because of 'letting them know, of things I've been through. You know, I'm not the same person that I usually portray'), b) P says that if she told somebody she would feel ashamed ('because it</p>

		<p>enough' for her to tell anyone about: a) 'It just didn't seem important enough. That's all. ... Maybe because I sort of feel like that all the time anyway... It wasn't something that was sort of life or death or really sort of extreme', b) 'it wasn't kind of mega, it's not kind of in that league of, you know, sort of self-destruction or anything, you know, it's not big enough', c) 'I mean I did feel really guilty. But the sort of things I tell people about is if you know, I've cut my wrists recently, or, you know, I want to kill myself, or... [laughs]. Not sort of feeling guilty about going to a friend's house'.</p>
26		
27	<p>(i) shame etc</p> <p>(ii) problems are own responsibility</p>	<p>(i) a) P said she thought she'd feel ashamed if she told anyone about how she'd shouted at her son: 'I think because uh, I don't know, I just, I'm ashamed of myself, and you know, it's like, if I told anyone as well, they'd be ashamed of me, and think "Oh no, she shouldn't be doing things like that, I don't want to be associated with her", you know, I suppose that, that's what it is, I've always had that as well, you know, being ashamed of myself when I do something wrong, I shouldn't do that, you know, and that's probably why', b) P says that she often feels very guilty, but denies that she does. Relates it to feeling guilty when she was younger and she was being sexually abused.</p> <p>(ii) 'I think it's the whole thing with my son, is something I feel I should deal with myself'.</p>
28	<p>(i) shame etc</p> <p>(ii) out of character</p> <p>(iii) problems are own responsibility</p>	<p>(i) a) P said she did not disclose because of the shame (which was about how her husband treated her with no respect). Said she would also feel silly, b) P said that she thought if she were to disclose emotion she would feel stupid, because other people would probably think her fears were stupid, c) P said that if she were to tell somebody about emotion she would feel ashamed 'Thinking uh obviously there's something wrong with me, why it's happened. Um, and the, you know, they'd probably think "Oh", you know, I've let the family down and things like that', d) P said she'd feel ashamed if she told anyone (because 'my husband has chose somebody else instead of me. Obviously I've got no value. That's what I felt, he prefers somebody else to me. Um, that he's actually left me for somebody else'.</p> <p>(ii) P says that she fears if she discloses that people will 'think different thoughts of me, think, see me as somebody else, and uh, that I'm not very strong, all those feelings'.</p> <p>(iii) P appears to feel that she is to blame for her marital break-up – see (i) c) above – 'obviously there's something wrong with me, why it's happened'.</p>
30	(i) shame etc	(i) P says she would feel ashamed if she told somebody (because she would have spoken negatively of someone else she feels she should be loyal too).
33	<p>(i) shame etc</p> <p>(ii) problems are own responsibility</p> <p>(iii) reluctance to experience unpleasant emotions/memories</p>	<p>(i) a) P says she would feel ashamed if she told somebody (because of what happened [CSA] and the fact that she didn't put a stop to it), b) P says she would feel ashamed if she told somebody if they weren't a counsellor, c) P says that if it weren't for the guilt she feels about the abuse she could explained things to somebody 'If I wasn't feeling guilty because of that I would have explained and told someone.'</p> <p>(ii) a) Example from (i) a) about feeling ashamed because she didn't put a stop to the abuse, b) P says that because her mother didn't believe her she felt guilty 'As if it was my fault'.</p> <p>(iii) a) P says that because her mother didn't believe her about the abuse 'I've been going through life, like, thinking about putting it at the back of my mind, because mum didn't believe in it. Did it really happen?' b) 'I turned myself of from it, and I'm not talking about it... I try to cut if out completely'.</p>
35	<p>(i) shame etc</p> <p>(ii) reluctance to experience unpleasant emotions/memories</p>	<p>(i) P said that she is 'not in tune with shame enough' but that she would feel 'uncomfortable' if she told anyone about her feelings and the dream that they were associated with. Feeling 'uncomfortable' would be associated with thinking 'Oh, shouldn't have done that!'</p> <p>(ii) P says that when she woke up from the dream 'I need to shake, I need to shake my head and I need to walk round... I need to get rid of this' and 'Oh. That was a dream, it wasn't real, that was a dream, and, you know, get rid of it'. Once she has woken up she says 'I'd try to control it, I'd go back to trying to control myself'. She also talk about how 'I would try and go through the normal routine of having a walk, of looking out the window, trying to distract myself'.</p>
36	<p>(i) shame etc</p> <p>(ii) out of character</p>	<p>(i) P says he would feel ashamed if he told anyone (because 'I wouldn't expect anybody to understand' and 'I don't think others would sort of take in as being part of the character they see me as').</p> <p>(ii) Related to shame (above). P goes on to say that 'People have an impression of me, yeah, which, I hide behind a façade ... Yeah, outwardly at work I'm sort of a outgoing, jolly, happy, sort of guy, you know. Inside myself I'm churning away like a, like I do'.</p>
37		
38	<p>(i) shame etc</p> <p>(ii) out of character</p>	<p>(i)a) P would feel ashamed and 'degraded' if he told anyone (because previously people in his neighbourhood had put him 'on a kind of pedestal' and he is unable to help people like he used to and like people expect him to), b) P would feel ashamed if he told someone(because 'I've been around long enough now, to be supposed to be able to sort my own problems'), c) P would feel ashamed if he told someone (because the way he treated his dog is 'totally, totally out of character').</p> <p>(ii) a) (Related to shame see (i) a)) P's says that he would feel ashamed if he told anyone because of his former status as somebody that people 'looked at to sort anything out', b)</p>

	(iii) problems own responsibility	(Related to shame (i) c) above) P says he would feel ashamed if he told someone because his action is 'totally, totally out of character', c) P says that his enforced inactivity due to an industrial injury that prevents him working is 'not him': 'to sit in a room and just like watch four walls, and television all day, that ain't me, you know, it's never been me'. (iii) 'I think in my own mind, as I say, nobody's going to sort this out. You know, I know, at the end of the day, what's going to sort it out is me going to work.'
--	-----------------------------------	---

APPENDIX 10 MATERIAL FROM INTERVIEWS RELATING TO THE NEGATIVE EFFECTS OF NON-DISCLOSURE

P	CATEGORY	MATERIAL FROM INTERVIEW
2	(i) isolation (ii) hostility/irritation (iii) negative effect on relationship	(i) 'I went for a promotion at work, and I was turned down for management work because staff had commented to the manager that my mood swings. And they said that sometimes on shift I don't hardly talk to um other members of staff. But I'm not purposely doing it, its like they said to me that I been [inaudible] sometimes, like just withdrawn into myself.' (ii) a) 'Um, yeah, because over the last month or so I've been really depressed and that. I'm on anti depressants at the moment. And um, because of not talking about it, all my anger and all my hurt is inside, and, how it comes out is me being snappy towards my family and argumentative. Not meaning to, but just its come out the wrong way, because not being able to talk about it, and my mum and dad have said Oh what's wrong with you and I can't talk to you these days, just that, I've just don't know how to start the conversation off, and say, by the way mum and dad I've been going to this clinic and that, it just hasn't happened, and so its come out the wrong way. I've just been feeling miserable.... [Right, O.K. So you held this in?] Yeah, its still all in side. [And then you feel angry because you feel you can't talk about it?] Yeah, yeah.' b) 'Um. Like I said uh I was feeling really irritable.... I went for a promotion at work, and I was turned down for management work because staff had commented to the manager that my mood swings ... And so I was turned down for promotion because um I've just been really irritable at work. I say, not meaning to, but its just come out the wrong way. Cos I can't tell all the staff members Oh by the way, I've been abused. I mean I could say to a friend it happened to her, I could tell a hundred people that I've been abused, but unless one of those hundred have been gone through the same as me, they don't know how I'm feeling. ...[Yeah. So you felt misunderstood?] Yeah. [Do you think that's what makes you angry?] Yeah. Also I can't tell everybody. I just can't. My mum just said I've got to keep my problems at home and not bring them to work. But because I've been going to counseling it just been on my mind twenty four hours a day.' (iii) a) 'And uh hatred towards um, the abuser, and uh, towards my ex-boyfriend because I just feel let down by him, because he wasn't understanding, enough towards me. And I have been really miserable over the last few months, and um, he just put it down to me being miserable as a person. But I've not been able to tell him about me being abused or how I felt, and so, I just feel let down because I thought he'd be more understanding.' b) 'No. I just kept it to myself. And that's what's hardest really keeping it to myself. Because people just think, the family and that, just think that I'm moody. Oh A.'s in one of her moods again. And just don't understand what I'm going through.' c) 'Um. Yeah, Um. I just come across as like really miserable, and just withdrawn really, just really withdrawn, and agitated. And, that's how I come across to people. And yes, it has affected my relationships, which I'm close with a lady at work, cos I've told her about what happened to me, and um, she said that um I've come across as um really miserable at work and I've taking it out on other members of staff. And I didn't realize how my behavior was being shown at work. I didn't realize that I was that miserable and that withdrawn. Didn't realize how it was being effected. But I know now because I've been turned down for promotion, I didn't know that I was coming across so badly, I didn't know, I didn't realize I was had that much effect, I just blamed it on all, so I don't know, I suppose I just blamed it on my colour, and thought they didn't promote me because I'm black and all. It wasn't that because I realize I've been miserable because my mum and dad have said that as well. I suppose I've been denying. [Yeah] it to myself. My feeling, I've been denying it, and trying to carry on as normal, but it hasn't turned out that way.'
4	(i) isolation (ii) hostility/irritation	(i) 'I excluded him. For the next few days [You sort of just didn't acknowledge him?] Well, I talked to him, but on a superficial level. Not, uh, encouraging conversation.' (ii) 'Um... I probably took it out on my mother. She's the person I have most contact with. And, uh, I saw other people in a different light. Uh. Uh, as enemies. Wanting to do the same thing.'
5	(i) no effect	(i) 'No. Cos what they don't know can't hurt yer'.
7	(i) isolation	(i) 'And why, [coughs] its it does have a bearing on the relationship, because you're too

	(ii) negative effect on relationship	<p>embarrassed to tell em. You're too ashamed to tell em why it happened all them years ago. It stops from, it stops you from forming very close relationship with someone because you, it's something you go to sleep at night and think about. Its something that can, its a smell, that can put you into a mood.'</p> <p>(ii) a) 'Um. Yeah. It did. Um. Cos its not knowing these things. Um. They couldn't explain a lot of things that happened to relationships. And why, [coughs] its it does have a bearing on the relationship, because you're too embarrassed to tell em. You're too ashamed to tell em why it happened all them years ago. It stops from, it stops you from forming very close relationship with someone because you, it's something you go to sleep at night and think about. Its something that can, its a smell, that can put you into a mood. Um. Seeing a person who looks anything like that person. Can put you into a mood and start you thinking about everything. And when you're asked what's wrong you can't tell the person what's wrong. You can't explain why all of a sudden your mood's changed. So yeah, it would put a strain on relationships because going out to socialize, glimpse of someone, a smell of something, could trigger off memories, like, smell of chemicals. Cos where I was abused was in like a a workshop, all the time. And the smell of the chemicals. And now every time I smell them chemicals it brings back the memories of what happened. So um, yeah. Anything. You can't put a [?] on it.' b) 'And [clears throat] this is what affects our relation, that I will not talk to her about this. And she can't understand why when I do these kind of things I will not talk, I will not tell her how I feel. Um. Cos I can't. I just can't tell anybody really how I feel. I can't, just can't explain it.... Won't explain why I've done it, won't explain how I was feeling, what's brought it on, and just dismiss it then, just hoping it will go away, that nobody will pick up on it. My wife wants to know why I'm doing it, and because I can't explain, and will not explain to her she doesn't find it any use to carry on.'</p>
8	<p>(i) isolation</p> <p>(ii) no effect</p>	<p>(i) 'Um, possibly, yeah, because I tend to isolate myself and people say that um, I withdraw. And I do... perhaps I um was a bit more solitary than normal'.</p> <p>(ii) 'Um. Not really. There's no one. No-one really knows what happened so. Knows that I didn't tell anyone. Again perhaps I isolated myself a bit more, particularly in the last week I've probably been more introspective but, I've been very up and down over the past few months anyway, so I don't think seriously that people would have been that aware that there was any difference.'</p>
10	<p>(i) isolation</p> <p>(ii) no effect</p> <p>(iii) negative effect on relationship</p>	<p>(i) a) 'I I feel as if I don't want to get close to anybody. And, you know, that causes major problems.... I felt as if uh I was on my own, and my attitude was well it's your problem you've got to sort it. And I tried to pretend it to sort of, it's a big charade you see, you know, you feel, what, tears of a clown, you know, you're laughing but you don't want to laugh. You're putting a front on for people, because, you know, I used to have such a fantastic sense of humour, I, you know, nothing sort of got to me. And my personality changed. You know, where I'd got lots and lots of friends, and I tend not to sort of get involved now. You know, I'm a bit of a loner.' b) 'Yeah. When you're moody and you want to be sort of, how is it put, Oh, you cut yourself off. You know you cut me out, you cut yourself off. Yeah, I probably do that, I do do that. But that is the only way I can cope with it. At the moment. Uh, by sort of just sitting there with my own thoughts and not sort of thinking about other people. You know trying to trying to sort it for myself.' c) 'It's the kinds, when I've, my mood changes, and uh, and I get 'Oh you there again? I suppose this is another bloody depression'. And I just think, 'go away, leave me alone'. I just want to be left on my own, until I feel better, and I can respond better. You know, I don't like it, I don't like, I mean I can't figure out why I do get like this, you know. Uh. And why I got to the stage where I don't want to get close to anybody. You know, even my own wife.'</p> <p>(ii) 'Not really. Yeah, yeah. I'd like to talk to my wife about it. I'd like to sit down and talk to her, but we end up rowing and it ends up reverting from me to her, and I think I'm just wasting my time. So that, that's why I don't do it'.</p> <p>(iii) a) 'But it's uh, when you come to, it's come to a head now. You know, sexually, we haven't got a sex life. I, I feel as if I don't want to get close to anybody. And, you know, that causes major problems'. b) 'It's the kinds, when I've, my mood changes, and uh, I get 'Oh you there again? I suppose this is another bloody depression'. And I just think "Go away! Leave me alone!" You know, I don't like it, I don't like, I mean I can't figure out why I do get like this, you know.'</p>
12	<p>(i) no effect</p> <p>(ii) negative effect on relationships</p>	<p>(i) '[OK. Do you think that not talking to anyone about the way you felt had any effect on your relationships with other in this case?] Um. I find it hard, um, to talk about, sometimes I think, Oh its best that I just ignore it, and I find that way I bottle things up. And I try to block it out myself, but the time I'm just getting all worked up, but, sometimes I think, well its not worth telling anybody. [Yeah, OK. So not talking about it, did that have an effect on, on how you related to other people, do you think as well?] Um, I don't know really. No.'</p> <p>(ii) 'I don't know, I can't say for sure. Probably just with the daughter in question. I mean that's that's the one I worry about. [Do you think it had an effect on your relationship with her, the fact that you didn't talk about it?] What that it continued, and it goes on and I feel, that it's time something happened, and it's not, [inaudible] it actually restricts our relationship, which I know it does.'</p>
14	(i) isolation	<p>(i) a) 'I talk, I very seldom talk about how I feel. Yes, it does, it cuts me off from people. I'm very superficial with people, I'm very hard to get to know, and I've, I don't say I've</p>

		done that deliberately but certainly I know, I'm aware of it, that I'm very hard to get to know. I think people find me unapproachable.' b) 'Mm. The way it makes me feel very withdrawn. Whenever I'm unhappy I don't talk to other people about it. I find it very hard. I just think it's pointless.' c) 'Yes, it does, it's, again it isolates me, it sets me apart, and I feel miserable, I feel that the next time we're all supposed to be doing things together I'll probably make an excuse to get out of it. But on the other hand I don't want to be on my own, and, you know, but I do, as I say, isolate myself. And then I panic because then everybody's gone away, so. That's a difficult thing whatever.'
15	(i) no effect (ii) negative effect on self (iii) other	(i) a) 'Um, no obviously just, nobody knows.' b) 'I don't talk about it ... So nobody knows. It doesn't effect the relationship, cos, nobody knows. By the time I see people that's, it's gone ... That feeling has gone. [OK. So nobody actually sees you when you're feeling that way?] No. Or if they do I hide it.' (ii) 'Um, cos you can't express it really, so you just keep it inside. ... [And when you suppress it what do you think happens then?] It just eats you up inside.' (iii) 'Trust mainly. Its knowing if I can trust them. Um. If they'll understand and if they'll really care. [Yeah. So not talking make, makes you feel less trust?] Yeah. [very soft].'
16	(i) no effect	(i) a) 'Well, because it was something, I wasn't, my feelings weren't related to something that happened at the time I was recounting those feelings, you know if somebody went out there and hit me. [Mm.] It wasn't like that. [Mm] So. At that time I wasn't seeking support or, anything, so, I don't think it would have affected anything. It weren't something that had happened at that time, do you know what I mean?' b) 'A really difficult question [Is it?] Yeah. [Can you say why it's difficult?] Because you're asking me to say did somebody have a reaction because you didn't do something. [Mm. Well I suppose the other side of it would be if um, not talking about it had had an effect on you as it were, and that had had an effect on how you were with other people.] People... People that know me know, you know, how close to come and when to stay away. [Mmhm] And um, they know that I'm going to get a piece of anything that I don't want them to, to be part of [Mm]. You know, you wouldn't do it to strangers, and people that know you, know me, start to learn how you operate. Um. So, I just. I don't think they'd know. [Mm]. Some people might know if I was maybe upset about something but, not many would notice. So then, no, I don't think it would have an effect on them.'
17	(i) other	(i) 'I don't know. I don't know [laughs]. I don't have any answer to that. Sorry'.
18	(i) isolation (ii) hostility/irritation (iii) negative effect on relationship	(i) a) 'Yeah. Cos I, I become really, um, sullen, ah I don't really want to talk or mix, and I, I can become quite uh, abrupt. I just want to be left.' b) 'Yeah, it does, because I'm just so, I, I just want to be left alone to either to [inaudible] my guilt and shame. [Sorry?] To like mulling [?] my guilt and shame. I just don't want anybody to become part of it because they can't help me. You know, so I, it's as if I close up, I don't want any sort of interference, and you know, people do approach me, I can be quite, as I say abrupt.' (ii) a) Yeah. Cos I, I become really, um, sullen ... I, I can become quite uh, abrupt.' b) 'You know it's as if I close up, I don't want any sort of interference, and you know, people do approach me, I can be quite, as I say abrupt.' (iii) 'Yes. My partner is, um, in the, the, pulling the short straw all the time, you know, he's been the brunt of it all, and on this occasion as well, yeah. I was quite, snappy with him, because of it.'
19	(i) hostility/irritation (ii) negative effect on relationship	(i)a) '[Yeah. What do you think it was that he picked up? Your anger, or your...] I don't know, I think it was an anger [inaudible] anything, because I think he, he was aware that what I wanted was an argument, or something. [Mm]. And I think he was aware that I was out to deliberately go at him. So I think it was the case it was the anger he picked up on.' b) 'It made me feel I was angry. I was angry at the kids, like, like I said because they wasn't listening, and all this that and the other. And I think the anger came across that I was still angry at other people as well, and that to the extent that, [name of husband] couldn't do no right, everything he was doing was wrong. [Yeah]. You know, to, it doesn't matter what he'd done everything was wrong full stop. So I think, yeah, because of the anger, he was on the receiving end of it as well. [Laughs].' (ii) 'I think, I think it had on D. more than anybody, to the extent that [name of husband] in the end actually got up, and he went out on his own, after, you know, sort of arguments, and things like that. Which is a thing D. has never ever done. And he's never got up and gone out on his own without me. Whereas this time he did do it, that's why I say I think it had an effect on [name of husband].'
21	(i) isolation (ii) negative effect on self	(i) 'Um, I don't know, I think uh sometimes its, its almost like being sort of another person, you're not, um, anything to do with, um, a sexual reference and its, and when you think about it its all around all the time. Um, because I don't participate or find it extremely difficult to, to know what people are on about, and to stand back so, um, I, I'm sort of standing back from them, putting myself off from them, I'm not open, I'm not an open person. Um, not like how I'd like to be, in that sense.' (ii) 'Um, yes, Mm. I feel that uh, its like carrying a load that you don't want to carry that, cos you can't share it sometimes its, its unbearably hard, um.'
22	(i) negative effect on	(i) 'Yes, because, um, I've got a boyfriend now that's very, very nice person, but I feels

	relationship	I'm, I'm, I'm always on the defensive, if you know what I mean, I'm always on the defensive. I'm afraid to get too close, in case... I'm not saying he's going to do it, because he's a lovely person, but um, its the same thing, thoughts that's going into my mind, if I get too close am I going to be hurt again. [Do you think that not talking about it makes that worse?] Maybe. Maybe. [And do you think that not talking to anyone about the way you felt in this case, had any effect on your relationships with other people?] The same. I'm always on the defensive. I'm always. Its something I cannot help, I'm always on the defensive. And I know I'm doing it. [Yeah.] I'm very aware of it. But its something I just cannot help. [So its sort of like trying to make sure that people don't know how you feel?] That's right, yeah. Get too close to. Yes, uh-huh.'
23	(i) isolation (ii) hostility/irritation	(i) 'Yeah, because I tend to go a bit introverted and spend a lot of time on my own and stuff. [And how does that affect relationships?] Um. I just don't really communicate. Just kind of shut away for a while. Yeah. [Do you think that not talking to anyone about the way you felt in this case had any effect on your relationships with other people?] Yeah, because I tend to go a bit introverted and spend a lot of time on my own and stuff.' (ii) 'I suppose so. Yeah, I suppose it does. Um, because when I feel that I can't talk to my parents, then sort of after I feel angry that I can't talk to them, so I feel sort of quite a lot of anger towards them, and I suppose that comes out in my general behaviour. And sort of how I interact with them. [And can you can you just say what kind of behaviour that would be?] Um. Just sort of, just snapping and, you know, sort of not really engaging in conversation.'
24	(i) hostility/irritation (ii) no effect (iii) negative effect on relationship	(i) a) 'Yes, I would imagine it affected, the kids, and my husband. ... Because I became very aggressive if I was questioned. I spoken to them anyway I become very aggressive, very angry and annoyed. I didn't want anyone talking to me. And he was getting annoyed himself. He reckoned each time I go out like that, instead of helping, I'm worse, I'm more aggressive.' b) No, the only person it effects unfortunately is um my husband and the kids. He gets very tense and wants to know, because if I think about things like that, I do become very aggressive. When I say aggressive I mean um, I get very angry, and I raise my voice, I'm impatient as well. [What is it that you're angry at?] I'm angry at myself. Mm, the majority of the time its myself. Sometime it's him, but the majority of the time it's myself, for giving in to feelings, giving into my feelings. I shouldn't do. Because I portray an image of being a very strong person. I'm not an emotional person at all. Even if I feel it, um, I will not show it. I mean the emotions I'll show are aggression and anger, but nothing soft and weepy, that is not me. [Mm.] That's a portrayal of a someone's very wimpy and easy to manipulate. And I won't allow myself to be manipulated. [So its a sense that these emotions just, you're angry with yourself for, if anything happens you, the other people would, you feel other people are trying to make you feel those emotions that you don't want to feel?] Yeah. [And then you get angry?] Yeah. They're trying to question me to find is there a problem? And I'm angry for them for even daring to question me.' (ii) 'The only effect it had it sort of confirmed what they said, you know, we were a happy family. It didn't change how I felt or anything. Just made me feel I'm living a very deceptive life. A lie. Which I wish it wasn't but it just is.' (iii) a) 'No, the only person it effects unfortunately is um my husband and the kids. He gets very tense and wants to know, because if I think about things like that, I do become very aggressive. When I say aggressive I mean um, I get very angry, and I raise my voice, I'm impatient as well.' b) 'I don't know how it's affected him. Not talking to him is definitely affecting it an awful lot. Cos he wants to sort of get into my inner mind. I am not giving the opportunity. And he gets annoyed, because he feels we're not sharing. I'm not being co-operative, or I don't want to involve him in, you know. He feels if I'm upset, maybe if I told him the reason why I was upset he'd be able to help me, but he can't help me. And so I refuse to say anything to him. It's just one vicious circle. [He couldn't help you because?]: Maybe its just because I don't want it. [Yeah.] Stubborn. [Your sense is he would, he would be patronising?] Yeah. He isn't going to patronise me.'
25	(i) no effect	(i) a) 'no', b) 'no'.
26	(i) negative effect on relationship	(i) 'But as he says, at the moment he knows I can't open up to him, and its hurting him more than its hurting me. And its a horrible feeling, because you know, someone's so close to you, and you can't tell him how, what you feel, and how you are feeling. It's a horrible feeling altogether. [So do you think that not talking to anyone about the way you felt had any effect on your relationships with other people?] I don't know. [It sounds like it might have an effect on your relationship with him?] Its having a taint on our relationship at the moment, because as I say I will not open up to him, but I mean the other men I've been with before him, I've opened up to them, and they've seen me in an entirely different light to what my fella sees me now sort of thing.'
27	(i) no effect (ii) negative effect on self	(i) 'I don't think, no, I don't think it's had an effect on my relationships with them, but its had an effect on my relationship with myself.' (ii) a) 'I don't think, no, I don't think it's had an effect on my relationships with them, but its had an effect on my relationship with myself. [Right. So what's that? Can you say a bit more about that?] Um, it's just the fact that it must be something to feel guilty about. You know if I can't talk about it to somebody, there must be a legitimate reason. [Right, so it builds up] Yeah. [That if you don't tell somebody then you can, that's a sign that...] Yeah,

		that, that, there's a real reason for it to be happening.' b) 'Whereas if I suppose if I didn't write at all, or tell anybody it would have built up, and that's when the mental explosion happens, and depression comes setting in and everything. [So, what's the mental explosion.] Well it's similar to a nervous breakdown [laughs], and you just feel like you've got so many thoughts going on round your head, and then the one day you just go absolutely crazy, and burst out into tears, and can't stop crying, and then you're in a depression for two weeks.
28	(i) no effect (ii) negative effect on relationship	(i) a) 'Uh, no. I don't really know. [Yeah. Is that because its quite normal for you not to talk, so, yeah...] Mm. [So things would probably stay the same?] Yeah.' b) 'Um, well, my friends I think they'll just take it uh, knowing that, you know, how I'm feeling anyway, so they wouldn't uh pressure me into saying anything. They'd leave it up for me, you know, to tell them. ... So in a sense it wouldn't make much of a difference.' (ii) 'I think by, um, by bottling things up in this case, I don't think it has helped, because obviously you build, um, a barrier up um, knowing what's happened with me and my husband I've noticed by not talking things just get worse and worse. [Mm.] But he's the type that you can't really talk to about feelings, uh, so it just gets worse. [So how does it get worse? What happens when it gets worse?] Um, you just, on both parts you just stop speaking. You have nothing to say, you just, you know, you don't exist really. I try and um, carry on as if nothing's happening when it is. [Mm.] And you don't seem to have any control over it, you just let it slip. And then it just gets worse then.'
30	(i) no effect	(i) 'Not talking about it. I know if I did, and this is self-protection, I'd feel worse about myself, and I'd be worried about what that person would think of while I was talking about, or discussing, or expressing my disgust at mother. Not really no.'
33	(i) no effect (ii) negative effect on relationship	(i) '[Inaudible] What happened you see, I turned myself off from it, and I'm not talking about it. [Yeah. So you don't, it doesn't come into your mind at all, unless somebody sort of drags it up?] Yeah. I try to cut it out completely.' (ii) 'Yeah. [Can you say what those effects were?] Well people don't understand it, what you're going through. Say for instance the girl that sits next to me at work, sometimes I'm down, and she must think 'what's wrong with her'. It does effect you. [And so, how would it effect your relationship with her?] Well it has. She's not as friendly any more. [Right.] But I don't feel that she's close enough and she's got any business to know, where I'm going, and why. It does effect it.'
35	(i) hostility/irritation	(i) 'You could say that I would have gone to work certainly far more tired, more irritable, more likely to be more angry. [Yeah.] It does have a knock on effect on the fact that I carry it all, which is why I'm, why I'm here in the first place, because the carrying things, the baggage, the problems, is too much for me. [Right, and does that connect with the anger, is that something to do with it?] Oh, absolutely! [So where does the anger come in as a result of... you had the guilt in the dream, and you pushed that aside...] Then I'm tired, you know, somebody, somebody keeps, you know, biting their nails, and that noise would really start to get me [laughs slightly] angry. It's little things I shouldn't, that shouldn't really bother me, that I would be very angry about, like a constant noise getting in my head. Or a constant, 'I hate people biting their nails' and you know [sniffs] sniffing, I hate sniffing. And it would, in the end I would say 'FOR GOODNESS SAKE CAN'T YOU BLOW YOUR NOSE!' Do you know what I mean, and that's anger, and like, you know yes. Oh for God sake, why do they have to put me through that! [Yeah.] That sort of thing. Yeah. [It seems like it makes you feel a bit more fragile.] Yeah.'
36	(i) no effect	(i) 'No. [No. Basically you just left things as they were?] As they were. And then you just build up a, put another brick on the top. [And would you say if you had talked that would have had an effect on your relationship, your relationships?] I don't think so, no. No. I wouldn't any, um, benefit for me, you know, from a selfish point of view. [Yeah.] Um, when the immediate family know, um, they've sort of wised up to the way to, how they expect me to behave, and they know when I come through the door what I'm like, and treat me accordingly. They've been through, they've been through as much as I have in some ways. If I had I said anything it wouldn't have affected any relationship at all. Not close relationship. I couldn't have discussed it with people outside of the immediate family.'
37	(i) other	(i) '[OK. So you're going to tell him anyway. And do you think that not talking to anyone um, since then has, about the way you felt, has had any effect on your relationships with other people?] No, because it was all right this morning with A., I did her hair this morning. [Laughs]. Instead of last night. [Yeah] And didn't see J., because I didn't get up when he did. Or I think I just got up as he was leaving. [Yeah, so it sort of blew over.] Yeah.'
38	(i) isolation	(i) 'Yeah. They, I think it does. It tends, you know, back to the same thing, if you're going out even round for a paper, normally if I was at work and I'd seen a chap that lived three or four doors away I'd spend a few minutes chatting with him, you know, even if it's only about the weather, but sometimes I think you walk past and you, just tend, not intentionally, you don't, 'sorry I'm not going to talk to you' you just walk straight past. Your mind's wandering, you know. Because you know, I've come across that at the corner a lot....Passing the time of day with a person, I mean it's a normal thing to you, so

	<p>(ii) hostility/irritation</p> <p>(iii) no effect</p> <p>(iv) negative effect on self</p>	<p>why shun him, you know. And then, I used to get back in the house, I'd think well, I bet old S. up the road thinks I'm a bit of a whatsit, you know'.</p> <p>(ii) 'Yeah, I tend to be a bit snappy. Um, uh, the easiest thing, I mean, if I try to do anything in the house, you know, which is difficult, I mean I might start something, but it'd take me flipping six months cos the condition I'm in, you know. I can't afford to pay anybody to do stuff, it's still got to be done, you know. But it's like somebody if you couldn't put a screw in, or dropped the screw on the floor, you know, I just got no patience for anything, or anybody half the time, you know, uh. And I think it does rub off, you know.'</p> <p>(iii) 'No, no. I don't think so.'</p> <p>(iv) Inability to concentrate: 'I mean it's like writing or anything, I mean I can hardly hold the pens now, because of me fingers and, but you can be writing down what you say, or trying to, you're doing it in your head, but when you come to read it back you've missed words out, you've done this, and you think, you know, you know, even some of the spelling, you've missed letters out, you know, put something that ain't, you just get side-tracked, you know. Cos I don't think your mind's functioning, it's functioning, but on the wrong things. It's not functioning on what should be priority, you know what I mean.'</p>
--	---	--

APPENDIX 11

‘DOING EMOTIONS’ IN THE DIARY AND INTERVIEW STUDY

Introduction

So far in the diary and interview study reported in Chapters Four, Six and Seven the emotional experiences recorded by participants have been treated as if they came into being independently of the study. However it is quite possible that doing the study itself constituted part of the interpersonal context which helped give body and expression to the emotions which were reported. In this appendix data relating to the participants’ experience of doing the diary will be examined. An attempt will be made to uncover evidence concerning processes of emotional construction which took place as the participants engaged in the task set for them by the researcher – recording experiences of shame, guilt hatred and disgust in a structured emotion diary.

The theoretical background to this report is the social constructionist ideas about emotion which as the author has argued elsewhere (in a paper available from the author) have been neglected in the literature on shame (see also Appendix 1). In Harré’s (1986) words ‘emotions are strategic. They play roles in forms of action. And actions occur in situations’ (p. 21). The suggestion in this report is that the demands of the research themselves created an interpersonal situation which may have had an effect on the emotions which were reported. For example it may have been the case that by asking participants to attend to and record emotional experiences of the kind requested in the diary a tacit interpersonal signal was being given to the effect that experiencing such emotions was legitimate and even understandable in the current context. Furthermore participants could have inferred that the expression of intense and negative emotions would be met with understanding and support in the context of research under the auspices of a psychotherapy department.

The current report is a preliminary attempt to approach constructionist dynamics of this kind by examining a) comments participants made about the difficulty and helpfulness of doing the diary and b) the relationship between helpfulness and the reporting of different emotions in the study. The report will end with a case study which, in addition to illustrating many of the themes encountered in Chapters Four, Six and Seven, shows how the process of emotional construction seems to have worked for one participant.

The difficulty and helpfulness of doing the diary

Participants were given several lines at the end of the diary in which to write down aspects of doing the diary that they found difficult or helpful. Many participants neglected to do this and this led to a number of full and revealing answers when participants were asked about the experience of the diary in the follow-up interviews.

Difficulty

The major difficulty reported by participants was the difficulty they had identifying their feelings. Often this was because the feelings occurred together. P16 talked about how all the feelings ‘seemed to roll into one’. P11 said the diary was difficult ‘because quite often I felt sort of shame and guilt, and bits of of sort of like feeling hatred, and bits of disgust, all together, so it was sort of like, actually which is the predominant one here’. P31 referred to how difficult she had found this process: ‘it was very hard ... because I had to really sit and sort these feelings out’. P6, P7, P12, P28, P29 and P33 made similar remarks. Sometimes participants said that it was hard to find words for their feelings, for example P29 who said ‘I found it hard to put into words how I felt’ and P12 who felt the study would have been more helpful to her if she could have found ‘the right words’.

Overall 32.4% (11/34) participants said that they had difficulty distinguishing emotional experiences, and this was the most common reason given for finding the diary difficult. While this finding may in part reflect the particular emotions that were studied it also suggests that in addition to emotional experiences being withheld for the reasons analysed in Chapter Six it is quite plausible that participants had emotional experiences that they did not communicate simply because they could not themselves distinguish or make sense of what they were feeling.

The four emotions included in the diary may have been particularly difficult to differentiate. Shame and guilt especially have often been seen as the same emotion (e.g. Power and Dalglish, 1997; Tomkins, 1963). That this accounts for some of the difficulty identifying emotions is suggested by P31 who said:

‘I mean you can relate to the feelings you’ve got, but, if you put it down, it’s hard to write down exactly what you’re feeling [Yeah] because they can be put quite close, can’t they, those feelings?’

A similar remark was also made by P16. Experiences of this kind may also be equivalent to the problematic and ‘warded off’ emotional experiences that Stiles et al (1990) suggested were the central focus of therapeutic work. The author has previously suggested (paper available from author) that these experiences could be understood in Bucci’s terms as subsymbolic emotional schemas that could have a motivational impetus while remaining in a marginal and shadowy form of consciousness. This appeared to be the case for P36:

‘that’s just like I’ve um, physically swallowed a pillow, so I’m sort of full, I’m full up to about here. Yeah? And everything that may trigger an emotion just seems to pile up. But you don’t, physically, you don’t have a sensation of feeling anything. It goes in here, and sort of plops down in a bottomless pit.’

In a slightly different vein P23 talked about how the emotions were so familiar and so much a part of everyday life that, like breathing, it was hard to be aware of them:

'I think I've just got so used to them being there that you know, it's just like a sort of cycle really of anger and guilt, and it is difficult to actually sort of take a step back and think well you know, when did I feel this or, because it's just it's so sort of inbuilt into how I think, and how I am.'

A second reason for finding the diary difficult was that it conflicted with participants' tendency to suppress painful emotions. For example as P28 put it:

'I found it difficult because obviously I don't. Anything to do with myself I try, like I say, I try and bottle things up and, but when you've actually got to write it down it's a different thing, you know, a different matter altogether.'

P14 said that:

'the difficult part is going over it again. [Yeah]. Because I try to push these things out of my mind. Last Sunday I spent all day trying not to think about last night, but concentrate on today, and, you know, it was sort of when I had to sit down and fill this in, I had to think about the previous evening, which I prefer not to. So, that's difficult'.

P20 said that:

'it made me think about things I didn't want to think about' and that she wanted to put off doing the diary after having had a stressful couple of days 'because I, I, it made me anxious to look at it, and made me feel scared ... I looked at it, and it really made me feel, I don't know what I'm doing here'.

Several other participants referred to the fact that doing the diary stirred up uncomfortable feelings. For example P1 wrote simply 'stirring of feelings', P8 wrote 'writing down the thoughts/triggers were difficult (i.e. painful to recall)' and P32 wrote 'difficult to bring back memories'. P15 saw a positive side to this as she referred to the fact that writing the diary actually stopped her from pushing aside her feelings: 'it stops you suppressing it, it stopped me from suppressing what I was feeling'. It is not clear to what extent this desire to avoid the pain of these feelings overlaps with participants' difficulties distinguishing the different emotions. However it seems plausible that a habit of disregarding emotional experiences (because they are painful) could lead to an emotional life of diminished clarity. Overall 20.6% (7/34) participants made comments of this kind.

In three cases participants reported that they found keeping the diary secret from those around them difficult. For example P24 reported:

'Occasionally I had problems because, if the children were around ... I'd never do it in front of my husband. So as soon as I felt each emotion I'd sort of slip off somewhere. Maybe the kitchen, dining room, or

somewhere. The the kid would come in “Mum, what are you writing?”
And then I’d be covering it up from them’.

P10 said that:

‘The most difficult thing was filling this in while my wife was around. Uh, I didn’t find anything difficult filling it in really. It was just the sort of you know, trying to do this while she was there. [Yeah]. Because I think this is personal to me.’

Similarly P5 referred to ‘when I felt difficult about it was mainly other people, cos it’s private and confidential, it’s something I didn’t want no-one to see.’

Helpfulness

Participants’ comments about the diaries’ helpfulness generally referred to an increase in clarity and understanding of their emotions. Helpfulness seemed, then, to be related to the activity that participants found so difficult – actually distinguishing and acknowledging the emotions. Sometimes participants referred to things they had noticed for the first time as a result of doing the diary. For example P16 said that she noticed a number of idiosyncratic and powerful physical sensations associated with her emotions which she did not think she would have become conscious of if she had not done the diary and P10 said that doing the diary made him aware of how frequent certain thoughts and feelings associated with his depression were. Other participants referred to how doing the diary had enabled them to hold on to things which otherwise would have simply been forgotten. As P37 said

‘you’re sort of writing it down then, so you can see what’s happening. Cos sometimes things just they’re left, and that’s that, and they’re said, but they’re not getting down to look at, you know what I mean?’

P19 said that it was helpful ‘remembering because usually, like I said, usually something happens, is dealt with, and it’s forgot. Whereas with that, you can actually remember it, because you’re filling it in daily’. Identifying the feelings and aspects of their context seemed often to be associated with a new ability to think about their experience. P5, for example, said:

‘It was helpful because it told me how I was behaving at the time. Watching, sit down and think about what I was feeling at the time, which I never actually thought before’.

P11 said that:

‘It was identifying what was going through my mind. It was making me stop and think “hold on a minute what, what are the thoughts that are going through my mind here that I’m listening to, that are causing me to keep acting the way I am”’.

A particularly rich account was provided by P21 who will be the subject of a case study later in this report. She had recorded only an instance of shame:

‘Before it just used to happen. But having to sort of think about it in um, in the, in a sort of clinical sense, and write down what, that really helped ... being able to sit down and say OK, it’s shame that I feel, um, then I can say “well why do I feel shame? What is it that is making me feel shame, and just such a strong, to have such a strong emotion?” [Mm]. And, also having to write down exactly what, what sort of makes that feeling happen. I think about it a little bit deeper than I, I normally would have done.’

Often participants used spatial or visual metaphors to describe how the diary had helped them. P28 said she did not find the diary helpful but nevertheless talked about how it enabled her to put her experiences into perspective and how seeing it written down ‘you sort of say “well oh I did feel like that” and you could space it out like that’. P3 said that it made dealing with the emotions easier because with the diary you could ‘see it at a distance’. P7 said that it was helpful because ‘you could sit there and you could look at the emotions, look at the things that go with it’. P2 said that writing down the emotion ‘gave place for the emotions to go’ and P27 said that ‘To be able to even if it’s not sort of telling somebody to have it written down, and get it out on paper, it’s taking it a bit away from myself’.

In summary a particularly powerful recurring theme appeared to be the helpfulness of locating experiences in a symbolic medium at one remove from the ongoing stream of experience. This appeared to have given some participants a welcome sense of distance from their emotions, others a sense of increased understanding, and yet others a sense that they could make new choices (e.g. P19 and P15).

These remarks are highly congruent with the reports on the value of written disclosure collected by Pennebaker (e.g. Pennebaker, 1993) and research by Pennebaker and Francis (1996) both of which stress the beneficial effects of increased clarity and cognitive organisation which occurs as a result of disclosure (see Chapter Three).

However, despite the fact that remarks of this kind were so common some accounts suggested that, consistent with the social dynamics identified in Chapters Six and Seven, other processes were equally important. This is highlighted by the fact that a number of participants appeared to be decidedly lukewarm about the value of self-awareness. P17 for example when asked if he found doing the diary helpful says:

‘Mm, yeah, in ways. Um, some bit. You know, um. It got me in touch with what’s going on, it you know, because I think people should be in touch with their feelings, because it gives them an idea of how they fit in, and, you know, how they react, so, I would say a bit’.

This makes little sense in the context of earlier remarks made by this man in which he talks about being suicidal because he feels he is no value to others. P23 says that becoming more aware of her feelings was not helpful because 'it's something I'm aware of anyway. Um, so, I don't think it's sort of destructive or constructive, it was, sort of fairly indifferent to it.' There is a sense here that it is just more of the same old thing, an air of resignation. P14 suggests why being aware of things might not help very much per se:

'Well it's helpful in so much as I'm actually writing down what I'm feeling. [Yeah]. Um. I think those feelings are wrong. So yeah, it's helped me to acknowledge it I guess'.

Later she talks about how she used to drink in order to escape from her consciousness of these emotions:

'I think this is where the drinking came from, I constantly suffer from guilty feelings and feeling shame, because perhaps I'm not a good person, and, and I reach a point where I can't cope with feeling like that any longer, and I start drinking and I don't want to do that any more.'

In all of these accounts awareness of the emotion only seems to lead back to a position where the invalidity of the self and the self's experiences are reinforced. This suggests that becoming aware of emotions is only helpful when those emotions can be recognised as valid and understandable. When this is not the case suppressing them makes sense. Habitual attempts on the part of participants to suppress their emotions were noted earlier, indeed P14 goes on to talk about how good she is at blocking things herself.

Remarks such as those just cited suggest that being clear about one's emotions is painful and useless if the emotion serves to undermine one socially. This more social perspective highlights the social constructionist concerns about the interpersonal meaning and consequences of disclosure. In this respect a number of participants mentioned that doing the diary seemed to have opened up an avenue of communication with someone. P6 illustrated this when he said that despite not wanting to fill in the diary 'It has been very helpful. There's no way I'd have spoken to [name of wife] about it if I hadn't, she'd got the diary there to sort of back me up'. P21 said that she thought that realising her experience was one of shame was 'bound to help me when I come back to see [name of therapist]'. P38 talked about how although filling in the diary helped him become aware of the triggers of the emotion, its value also lay in communicating to someone who could understand how he felt:

'What I found most helpful was seeing the situation I am in down in print, and it covers what I am feeling, so there are some people that are trying to understand what a person like me is going through'.

The sense that the diary helped to give validity to experiences which otherwise would not be communicable was also expressed by P13 who wrote that the diary was helpful because 'I could write down how bad I felt for a change instead of keeping it all in'. Normally, as she said, 'I just feel stupid telling anyone'.

While the remarks above suggest that for some participants disclosing emotions by writing them in the diary was part of an attempt to make their experiences understandable some participants also hinted that the diary actually provided the emotional labels that they needed to do this. In the following extract, once again from P21, a probe by the interviewer seems to elicit a clear indication that the labels provided by the diary format were used to structure an experience that had previously been inchoate and undefined:

‘Before it just used to happen. But having to sort of think about it in um, in the, in the, in a sort of clinical sense, and write down what, that really helped. [And did that give you the understanding that it was shame, that maybe you hadn’t thought about before?] Yeah. [Right.]. Yeah. Yeah. I just used to feel awful before [laughs]. Um, but trying to categorise it, it helped. [Yeah]. And it’s bound to have helped when I come back to see [name of therapist]’.

Here P21 seems not only to have appropriated the word ‘shame’ from the diary but she also seems to be using it in a particular context where she considers it will be helpful to her. This suggests, as social constructionists have emphasised (e.g. Gergen, 1994), that categorisation is an act that reflects the social relationships within which it is embedded. In this case it seems to legitimise the experience, a process which also seems to be indicated in P6’s reference to the diary ‘backing him up’ when he talks to his wife about his emotional experience. Another participant, P15, actually expressed some uncertainty about the extent to which the experiences she recorded in the diary were really her experiences or had become the experiences the diary required:

‘Yeah I thought [clears throat] filling the diary in actually makes you concentrate more on on the emotions that you have at the time. [Yeah]. Because I’m very aware, I’m very conscious of having to do this. [Yeah]. Um, and sometimes you have to kind of think about am I really thinking this? Or is it just triggered off by by, you know, having to do this?’

However it appears that the diary label of guilt enabled her to identify a new way of conceptualising her experience which seems to give her a handle on it: ‘Whereas before you, you’re not sure of it, like anxiety and stuff like that, you’re not really sure of it, it’s just there’.

Conclusion

A review of participants’ open-ended responses to a question about what was difficult and what was helpful about doing the diary revealed that a particularly common difficulty was actually distinguishing and identifying emotional experiences. However this difficult process also seemed to be helpful because most participants mentioned that doing the diary had to some degree helped them because they were able to understand or reflect on the experiences with greater clarity. Thus far participants’ remarks were highly congruent with existing literature on the cognitive benefits of emotional disclosure, however a second theme also emerged in which it appeared that greater awareness of emotions was

only helpful when it appeared to make experiences more 'understandable' or 'acceptable'. In this context it was possible that the diary had itself contributed to the 'construction' and 'legitimation' of emotional experiences which may have been useful to participants as they contributed to a 'therapeutic' understanding of their emotional experiences.

Quantitative ratings of helpfulness and difficulty

Participants were asked to rate both how helpful and how useful doing the diary had been to them on a ten point scale. There was no correlation between the difficulty of doing the diary and its helpfulness ($r = -.02$). The mean difficulty was 4.7 with a range of 10 and a standard deviation of 3.2. Further analyses revealed that 1) There was no significant relationship between number of emotions reported and difficulty of doing the diary ($r = -.14$). 2) There was no effect of gender on difficulty ($F(df\ 1, 33) = .25, p = .62$). 3) There was no effect of childhood sexual abuse (CSA) on difficulty ($F(df\ 1, 33) = .065, p = .8$). And 4) There was no correlation between participant's age and difficulty ($r = .03$).

The mean helpfulness was 5.4, with a range of 10 and a standard deviation of 3.3. A similar lack of correspondence was obtained between the characteristics of the sample and the ratings of helpfulness. Thus 1) There was no significant relationship between number of emotions reported and helpfulness of doing the diary ($r = .05$). 2) There was no effect of gender on helpfulness ($F(df\ 1, 34) = .34, p = .56$). 3) There was no effect of CSA on helpfulness ($F(df\ 1, 34) = 1.75, p = .19$). And 4) There was no correlation between participant's age and helpfulness ($r = .03$).

Interestingly reporting an instance of shame did appear to be associated with finding the diary more helpful with the mean helpfulness rating of those reporting shame being 6.7 and the mean rating of those who had not being 4.3, a difference which was statistically reliable ($F(df\ 1, 34) = 5.39, p < 0.05$). However participants who reported an instance of shame did not appear to find doing the diary more difficult ($F(df\ 1, 33) = .06, p = .81$). A contrary effect on helpfulness was found for reporting an instance of guilt, with guilt being highly *negatively* associated with helpfulness of doing the diary. The mean rating of those who had reported an instance of guilt was 4.3 for helpfulness, for those who had not it was 7.7. This difference was highly significant ($F(df\ 1, 34) = 10.57, p < 0.005$). Again there was no association between reporting of guilt and difficulty of doing the diary ($F(df\ 1, 33) = .02, p = .89$).

The finding that participants who reported shame found the diary helpful fits in nicely with a social constructionist approach to shame. It can be accounted for by the fact that acknowledging shame meant that the individual perhaps felt that they were able to reconstitute their identities in the therapeutic context by acknowledging their perceived shortcomings, in a manner that was eliciting support and value from the 'therapy community' of which the research was one part.

It is somewhat harder to explain the findings concerning guilt. One possibility is that experiences of guilt seemed to be embedded in everyday difficulties in

relationships with relatives, friends and children (see Appendix for Chapter Four), and did not therefore reflect an engagement in the therapeutic review of their identities and experiences that appears often to have been taking place when people reported shame. Moreover the literature on guilt suggests that guilt is adaptive because it motivates people to make reparation for harm they may have done to others (e.g. Tangney, 1995). However analysis of the emotional acts associated with guilt revealed that in this population apology or reparation in the context of an experience of guilt was mentioned only once in twenty five instances (see Chapter Four). This suggests that while the participant experiences guilt they may not be able to use their guilt in interpersonally beneficial ways, and may therefore be trapped in interpersonal situations where they feel both harmful to others and powerless to do anything about it. At the same time disclosing these experiences may not invite the same degree of responsiveness or acceptance as the disclosure of shame, as guilt does not appear to have such a powerful communicative agenda as shame (as the data in Chapter Four on other's awareness of guilt, and Keltner and Buswell's 1996 failure to discover a facial display corresponding to guilt suggest).

No associations were found between reporting hatred and helpfulness ($F(df\ 1, 34) = .02, p = .88$), although there was a non-significant trend for hatred to be negatively associated with difficulty (the means were 3.84 for subjects who reported an instance of hatred and 5.69 for those who did not. An ANOVA showed $F(df\ 1, 33) = 3.07, p = .08$). There was no association between reporting disgust and helpfulness ($F(df\ 1, 34) = .76, p = .39$) and no association between reporting disgust and difficulty doing the diary ($F(df\ 1, 33) = 8.54E-5, p = .99$).

Conclusion

There appeared to be an association between finding doing the diary helpful and reporting an experience of shame and guilt. The results can be taken as a tentative confirmation of the hypothesis that reporting shame may be a positive experience in some circumstances. However the negative association between reporting guilt and finding the diary helpful was not expected. One possible interpretation is that shame opens the individual up to what Lindsay-Hartz et al (1995) refer to as a 'social determination' of the self, whereas in the case of guilt a positive interpersonal outcome tends to depend on the emotional person themselves making reparation. Consequently in the case of guilt the individual would appear to be less open to supportive and reassuring feedback from other people. Additionally, as suggested above the action tendency of guilt may have been unfulfilled or blocked. These findings contrast with those of Tangney (e.g. Tangney, 1995) in which shame is generally associated with psychopathology and guilt with psychological health. However this difference can be accounted for if one accepts that shame can be adaptive in some contexts while it is indicative of psychological (and social) maladjustment in others. Furthermore, as argued in Chapter Two, it is possible that different forms of shame can be differentiated – one which maintains social and emotional isolation (marker shame) and one which may play a role in social re-engagement ('illocutionary' shame). The differences between these two forms of shame are illustrated in the next section.

Disclosing shame: the case of Mrs. D

In one case the dynamics associated with labelling and disclosing an experience of shame became apparent in the course of the follow-up research interview. This case provides an opportunity to witness an instance of beneficial disclosure in action as the participant reveals her feelings and thoughts as she discloses in the course of the research interview. This case was not typical, however it does illustrate the interpersonal and constructive dynamics that may take place in a helpful disclosure of shame. While the clarity of the emotional construction that seemed to take place in the diary and interview is unique in the study, Mrs. D.'s interview constitutes an apt summary and illustration of many of the themes which have been encountered in Chapters Four, Six and Seven.

Mrs. D. (P21) is a married woman in her late 40s. In the diary she described one very intense experience of shame that lasted for about 30 minutes, and was followed by intense rumination which continued for the rest of the week. It was the only emotional experience of note that took place during the week. It was triggered by knowing (she says from the way her husband was breathing beside her) that he wanted her to make love with him, and her feeling (she says she froze) that she could not do it. The shame was associated with thoughts that she was not a good enough person, and her husband deserved someone better than her. She felt her lack of sexual responsiveness was extremely shameful and abnormal. She did not disclose the emotion to anyone, and felt very anxious and ashamed about mentioning it in the research interview.

Alienation

In the diary Mrs. D. reports that she had thoughts during the episode of shame 'that I wasn't a good enough person, that I should do something to make the feelings stop, that my husband deserved someone better than me'. She describes how she felt she could not live up to her husband's expectations because of her inability to initiate sex with him. Behaving and feeling the way she does she considers to be highly deviant:

'Um, and women, women of my age are um, normally perfectly capable, um, of having, um, a sexual relationship with their husband, they are expected to have a sexual relationship, there's no reason why they shouldn't. For whatever reason I, I don't or I can't, um, and that is an extremely shameful thing. Um, I should be able to. Um, its, he's an extremely caring man, so there's no reason why I shouldn't be able to.'

Mrs. D. sees herself as failing her husband, and as failing to live up to the prescriptive norms of her society. Furthermore she indicates that there can be no explanation for her deviant behaviour, there is 'no reason why [she] shouldn't', she repeats twice. Her husband is 'an extremely caring man' too, which appears to make her feelings even more inexplicable and unjustifiable. The social violation committed by her feeling the way she does seems to mean that she rejects her experience, as she puts in the quote from the diary above she thought that she 'should do something to make the feelings stop'. She appears to feel that

she has no socially legitimate 'voice' or justification for feeling the way she does.

Consistent with Mrs. D.'s sense that her feelings contravene important if tacit social standards, she also indicates in the interview that she fears what would happen if she disclosed. At an emotional level she agrees in the diary that the thought of telling anybody made her feel shame, and in the interview she agrees that she thinks she would feel shame if she were to tell anybody. This prediction was born out in the interview, when at the end she agreed that she had felt shame, in addition to anxiety, when she talked about the experience in the interview. She imagines two different kinds of response from potential recipients of disclosure. With her husband she says first of all that she is frightened of the way he might react if she told him:

'I don't think I could ever tell anybody other than somebody I felt, um, could help me. Um. My husband, uh, I don't know. I don't know what he'd have to do to enable me to tell him. I really don't. Um, possibly not react. I think maybe I'm frightened of his reaction.'

She also mentions that when she felt anxious and ashamed about disclosing in the interview this is associated with a fear that the interviewer will 'sit in judgement' over her. This assumption appears to be very painful for her, as she becomes tearful when she mentions it:

'you're the very first person who I've ever spoken to about this, um, other than the therapist I'm seeing. Um, anxious about your reaction [laughs]. How you would...Whether you'd judge me, whether you'd sit in judgement. Which I, um, [begins to cry] excuse me...'

Thus allied to the shame Mrs. D. seems to dread a social response in which either she is not taken seriously, or others judge her.

Consequences of non-disclosure

Like other participants in the study Mrs. D.'s non-disclosure seems to be associated with feelings of isolation and social alienation. When asked whether not talking about the feeling had any effect on her relationships with other people she talks about the burden of keeping her feelings secret:

Mm. I feel that uh, its like carrying a load that you don't want to carry that, cos you can't share it sometimes its, its unbearably hard, um.'

The interviewer goes on to ask her if that has any effect on how she actually relates to people and she talks about how she feels unable to engage fully with other people, because of her hidden sense of inadequacy:

'Um, I don't know, I think uh sometimes its, its almost like being sort of another person, you're not, um, anything to do with, um, a sexual reference and it's, and when you think about it it's all around all the time. Um, because I don't participate or find it extremely difficult to, to know

what people are on about, and to stand back so, um, I, I'm sort of standing back from them, putting myself off from them, I'm not open, I'm not an open person. Um, not like how I'd like to be, in that sense.'

It seems in this passage that any reference to sexuality reminds her of the social disqualification she associates with her feelings about sex. In addition there appears to be a secondary source of social disqualification in her lack of openness. Like enjoying sex, perhaps being open is a required standard that she fails to meet.

In spite of the fact that she does not disclose the emotion to anyone else, it nevertheless appears to have preoccupied her for the remainder of the week. She says that she 'dwelt on it' and she agrees with the interviewer when he asks her if she kept thinking about it all week. Indeed she implies that this emotion was so powerful that it blotted out any other emotional experience during the week:

'Um, and because its so strong and so, sort of takes me over, um, I don't remember anything else. Just that.'

Her rumination seems to centre around what how she could have behaved in a more acceptable manner, and her fear that she will react in the same way again:

'I just keep reliving that, thinking of the things that maybe I should have done, or could have done, or, and its like sort of, and then I dread the next night, and the next night, cos its the same.'

This highlights the disjunction between Mrs. D.'s private internal world and her outer social world. In hiding what would disqualify her (she feels) from a valued place in her social reference group, she experiences not rejection from other people, but an inner kind of self-ostracism (Lewis, 1971). She does not receive negative feedback from others, but she does not receive support, validation, or comfort from others either.

Shame

The case of Mrs. D. illustrates both 'marker' shame and illocutionary or performative shame. The following analysis illustrates a process in which marker shame appears to crystallise into illocutionary shame.

Common to both forms of shame is the perceived sense of social shortcoming or deviance. This is powerfully expressed in a passage we have already quoted in which Mrs. D. talks about how she 'should' be capable of having a sexual relationship with her husband, and how this is 'an extremely shameful thing'. As we have seen she is also highly anxious about whether the interviewer will 'sit in judgement' on her when she has spoken about her experience in the interview. However where the two forms of shame differ is in the means through which each operates to maintain the individual's place vis a vis their social partners. In marker shame the strategy is to hold back from exposure of shameful characteristics or experiences. In illocutionary shame the individual remains with

both their shame and all their shame-related characteristics exposed, seeking readmission to the group or the relationship albeit at a lower status.

Marker shame. Many features characteristic of marker shame emerge in the interview. Firstly there is the negative social response which is anticipated should she reveal her experience to others. This comes out in her discussion of how she would be 'frightened' of her husband's reaction if she told him, and he would fail to take her 'seriously' by trying to convince her there was no problem. It is evident too in her deep fear of being judged by the interviewer. There is also some suggestion of the anticipation of shame if others were to know about the experience, as she says that she would feel ashamed if she told somebody how she felt, and she agreed in the diary that the thought of telling anybody made her feel some shame.

Secondly there is clear evidence that her shame functions as a signal to avoid social exposure that would 'compound' or 'cement' the deviant identity that she feels she must possess because of her experiences. Thus she says near the beginning of the interview:

'Um. I think it was that if I actually said it, if I actually tried to explain how I was feeling and why, it would make it sort of um, not *real* because the whole thing was real to me anyway, but sort of, um, it would cement it...'

Disclosure to her husband would intensify the experience of shame, as predicted by the marker theory, because it would turn her internal reality into an interpersonal one. The interviewer says 'make it worse?' and she continues:

'Um, yeah. Yeah it would make it worse because then, um, [clears throat] as far as I'm, as far as I'm aware he knows obviously of the, of the general feeling, but um, I don't think maybe he's aware that I had that feeling um, and so to actually tell him that would compound I think all the other um, or would compound the knowledge that he had. Make it, um. I don't know maybe I felt that if I didn't tell him it would go away and it wouldn't be happening, or...'

Later on in the interview she talks about how she 'stands back' from other people, and how she is not 'open' when she is with other people. Again (in a passage already quoted earlier) this seems to be due to her sense of shameful difference:

'its almost like being sort of another person, you're not, um, anything to do with, um, a sexual reference and its, and when you think about it its all around all the time. Um, because I don't participate or find it extremely difficult to, to know what people are on about, ... I, I'm sort of standing back from them, putting myself off from them ... I'm not open... not how I'd like to be, in that sense.'

Not liking sex does not seem to be 'sayable' in her environment. Additionally in not being 'open' as she'd like to be she runs the risk of developing a secondary

kind of deviance to the first, one which could become another source of marker shame. The main point here, however, is that 'marker' shame appears to motivate non-disclosure and concealment in her relationships, the function of which appears to be that of preventing others from compounding or cementing her own negative and shameful self-image.

Illocutionary shame. The unusual feature of this particular interview is that Mrs. D. may be constructing an account of her shame during the research that *does* have illocutionary force. There are a number of factors in the interview which make this seem likely.

There is evidence that Mrs. D. 'discovers' the notion that her experience is one of shame as she engages with the research and the constructs associated with the way the research is structured. Thus she says in a number of places that it was very useful for her to learn to classify her experience as one of shame, and that this is something that she would not have done prior to the interview. At one point the interviewer asks her directly whether doing the diary gave her the 'understanding that it was shame' that maybe she hadn't thought about before. She agrees with this and says:

'Yeah. Yeah. I just used to feel awful before [laughs]. Um, but trying to categorise it, it helped.'

As she says elsewhere 'before it used to just happen', now she seems at least to have a good word for what happened.

But what use is a word? There is an indication in the interview that being able to label her experience as shame in this way helps Mrs. D. to provide an account of her experiences that in the context of her therapy might be validated. Immediately after saying that it is helpful categorising the experience, she says:

'And it's bound to have helped me with, when I come back to see [name of therapist].'

In this sense the diary and the interview can perhaps be seen as part of an emotional socialisation process that is one component of the process of psychotherapy. This remark of Mrs. D.'s is doubly interesting because it shows her spontaneously implying that she will disclose this new view of her experience to her therapist, in sharp contrast to the picture of shame that the rest of the interview has painted, in which her deviance remains hidden, at the cost of social involvement. This link between the use of the word shame and a movement towards a certain kind of social interaction suggests that labelling her experience as such has illocutionary force within the peculiar social setting of psychotherapy (and perhaps psychotherapy research). As noted above the notion of emotions as social roles which invite complementary responses from others is central to social constructionist theories of emotion (eg Averill, 1994; Harré, 1986). It may be that in readily adopting the role of shame, Mrs. D. has discovered a highly adaptive lower status role in relation to her therapist, since it can be assumed that therapists reciprocate shame with validation and the offer of understanding which might help reconstitute or 'normalise' her experiences.

In this context it seems that the interview itself constitutes an example of Mrs. D. utilising the roles of shame and sadness in an adaptive and therapeutic way. During the interview Mrs. D. obviously offers the interviewer a considerably detailed account of her experience of 'shame' – as we have seen she describes her lack of positive sexual responsiveness as 'extremely shameful'. In this sense she could be understood as developing an account of her experience in which 'shame' helps to make her experiences understandable – especially to researchers who are particularly interested in shame. That this account is associated with both the acceptance of a lower power role and also a process of empowerment in the relationship is implied near the end of the interview. Mrs. D. becomes tearful at the one moment in the interview when she expresses acute consciousness of a power differential between herself and the interviewer. In response to the question 'what was your anxiety about?' she says:

'Um, having to admit to someone else, you're the very first person who I've ever spoken to about this, um, other than the therapist I'm seeing. Um, anxious about your reaction [laughs]. How you would... Whether you'd judge me, whether you'd sit in judgement. Which I, um, [begins to cry] excuse me...'

Her tears seem to invite kindness rather than judgement in this context. They occur at a moment in the interview where she also seems to be more at ease with the interviewer, as she is able to laugh at the judgmental reaction she feared. Thus she seems to offer the interviewer an emotion that implies having less power at a moment when she feels more empowered in the relationship. (Being able to comment on one's fantasies and expectations within a relationship is likely to be indicative of greater empowerment, cf. Riikonen and Smith, 1997).

The illocutionary force of this communication of her inferiority through her tears, and the evoked response of kindness to them, seems to underline and reinforce the fact that a more equal relationship exists in reality than she expected or anticipated. Thus in her next utterance Mrs. D. can laugh slightly at the same time as acknowledging that she is having a hard time, and that her self-presentation deviates somewhat from her normal standard:

'[Laughs a little] I'm having a hard time here. Thank you [after the interviewer passes her some tissues]. I've got black eyes now.'

In her next comment she laughs again, and is able to claim a much stronger position in the interaction, one in which she no longer has to mind what the interviewer thinks:

'Mm. I mean I don't mind if you do [i.e. sit in judgement], and I don't know. [Laughs]. I just didn't want to, um, to know, that, that you would.'

Mrs. D. therefore appears to have reality-checked her expectation of a judgmental response to her shameful experiences against the response of an actual conversational partner, and found that she was able to claim much more 'validity' in the interaction than she had assumed. Her decision to take this risk is

presumably dictated by an assessment of the context and nature of the relationship in which she has disclosed – she has said earlier in the interview that she would only think of disclosing if she thought someone could ‘help’ her. This passage suggests that the kind of ‘help’ that she seeks is help in negotiating validity in relation to others, validity which encompasses the experiences that she feels disqualify her from full and valued social participation. A further possibility is that the word ‘shame’ is less likely to be used spontaneously by people if they are not engaging in a relationship in which their ‘shame’ could have a positive illocutionary force. Thus much of what we have called ‘marker shame’ may be unlabelled.

Conclusion

An analysis of the disclosure that takes place during this interview suggests that some of the social processes associated with the benefits of emotional disclosure can be seen in operation. Notably the construction of ‘one-down’ emotional discourse around shame, and the expression of tears that communicate distress and elicit validation seem to lead to an equalising of the status of the interactants. This equalisation process appears to counter the assumption of a negative and judgmental response.

Summary

Data from participants’ open-ended responses concerning the difficulty and helpfulness of doing the diary was examined. This suggested that participants often had a vague or undifferentiated understanding of their emotions and that the chief benefit of doing the diary was that it helped participants to clarify their feelings. Ratings of difficulty and helpfulness of doing the diary were examined statistically and the main finding was that helpfulness of doing the diary was positively correlated with having reported an instance of shame and highly negatively correlated with reporting an instance of guilt. It was argued that the diary may have helped participants to structure their feelings in a way that they may have considered was more understandable to other people. In this respect the correlation of reporting shame with helpfulness was interpreted as tentative evidence in favour of shame having illocutionary or performative power – effectively appealing for a new social determination of their identities - in the social context of therapy (of which the research was a part). A case study showed how ‘marker shame’ could, in the research and therapy setting, coalesce into shame which appeared to have performative value.

APPENDIX 12

INTERVIEW PROTOCOL

In this interview I will be asking you to recall things which may be painful to think about at the moment.

Research in the past has suggested that talking in detail and confronting painful memories from the past is a painful but important first step in mastering distressing emotional experiences. We are doing this study because we think that detailed research on these kinds of emotional memories and how they have affected people's lives is necessary in order to get a better understanding of how people's emotions can change during psychotherapy.

Participation in this study is entirely voluntary, and if at any time you wish to stop talking about a particular memory, or prefer not to answer a particular question, that is fine. I am only asking you to say as much as you can at the moment, and will not press you if you choose not to talk about anything.

Given the personal nature of the emotional memories that you may talk about here it is important to emphasise that the data in this study is kept strictly confidential. Tapes and transcripts of the interviews will be kept under lock and key, data will be identified only by number, and care will be taken to remove any features which might identify an individual from any published report of the research.

I am going to see if you can recall particular kinds of emotional memory. These may be the kinds of memory that you do not normally talk about.

I want you to remember something that

1. Happened at least a year ago.
2. Is a memory from your life that is still very clear and still feels important to you even as you think about it.
3. Is a memory that helps you to understand who you are as an individual and might be the memory you would tell someone else if you wanted that person to understand you in a more profound way.
4. Is a memory that leads to strong feelings.
5. Is a memory that you have thought about many times. It should be familiar to you like a picture you have studied or a song you have learned by heart.
6. And finally: Is a memory which evokes shame when you think about it.

If more than one memory comes to mind the one I would like you to select is the one which feels most important to you now.

The kind of memory that I am hoping you will be able to recall is the kind of memory you would tell someone you were very committed to helping get to know the 'real you'... the kind of memory that you feel conveys powerfully how you have come to be the person you currently are.

Do you have a memory of a particular incident in mind?

I would like you now to describe the memory in as much detail as you can.

Please say where you were, what other people, if any, were involved, and what happened.

After you have described the incident in as much detail as you can I will ask you some specific questions to do both with the original experience and how remembering it affects you now.

([If person reluctant to talk about the memory that comes to mind] If you prefer not to mention the experiences which you have remembered I will simply move on and ask you questions about what the effect of the experience has been on you.)

Thank you. O.K. now I will ask quite a lot of detailed questions about this experience and the effects it still has on you. I realise that thinking about this experience in as much detail may be difficult.

I hope you will be able to bear with me, however if at any point you do not feel you are able to go on you must say so, and we can either move to another question or if necessary stop the interview.

SECTION ONE - QUESTIONS ABOUT WHAT HAPPENED *AT THE TIME*

1.) *What emotions?*

What emotions did you feel?

At what point did you feel shame and what was the shame concerned with?

2.) *Strength of feeling*

On a scale of 0 - 10, where 0 would be 'no noticeable feeling' and 10 is 'as strong as I can imagine', how strong were your feelings *at the time*?

On a scale of 0 - 10, where 0 would be 'no noticeable feeling' and 10 is 'as strong as I can imagine', how strong were your feelings of shame *at the time*?

3.) *Effect on life choices*

Do you think the emotions you experienced at the time have had any impact on any major choices you made in your life? For instance has it affected the kind of work you choose to do, or the kind of things you do for pleasure, why you choose to do one thing rather than another?

I'm now going to ask the same question, focusing on the shame part of the experience.

Do you think the shame you felt had any impact on any major choices you made in your life? Has that affected the kind of work you choose to do, or the kind of things you do for pleasure, why you choose to do one thing rather than another?

4.) Disclosure history

Therapy often involves talking about painful experiences we have been through in the past and I am interested to know more about how other people have responded up until now if and when you have talked about this experience. The next questions are about whether you were able to communicate how you felt about this incident at the time that it happened.

Thinking back to the incident you described:

Did you talk to anyone about how you felt afterwards?

[if you did...] Please can you say who you talked about it to (for example was it your spouse, a close friend, a professional such as a doctor or a priest, a parent , an acquaintance).

On the whole did you find talking about the incident helpful? Can you say what it was about the conversation that was helpful?

Was talking about it in any way unhelpful? [If so] Can you say what it was about the conversation that was unhelpful?

How did other people/this person respond to your feelings when you talked to them?

What qualities or characteristics of the person/people you spoke to were you most aware of when you were talking, and afterwards?

(If didn't talk about it.) If you didn't talk about how you felt, can you say why you chose to keep it to yourself?

[If felt shame] You said that you felt ashamed at the time of the experience/after the experience:-

Do you think that other people who were present knew that you felt ashamed?

(if disclosed and felt ashamed) Did you tell anyone that you felt ashamed at the time?

Did you talk about it to people/a person who was there when you felt ashamed?

(If didn't talk about it and felt ashamed) If you didn't talk about your shame, would you have liked to talk to someone about it? If so, who?

5.) Meta-emotion question (focused on past)

Thinking back to the time of this incident you have been telling me about, did you feel it was **OK** or **not OK** to have the kinds of feelings you have described?

If **no**, what was it about your feelings that didn't feel OK?

Can you describe how having these feelings used to make you feel?

Did you feel ashamed or guilty about having these feelings?

4.) Function/adaptiveness

Now I would like you to say if you think anything **positive or useful** came out of the experience?

[If yes] please can you say what that was:

Everything considered (what caused your feelings, your responses, the consequences etc), do you think you **learned anything** from this experience?

[If yes] Can you say what that was?

I now want you to consider the **shame part** of your experience. Do you think anything **positive or useful** came out of the shame part of your experience?:

[If yes] Can you say what that was?

Do you think any **expression** of your shame led to other people accepting you more?

Do you think you **learned** anything from the **shame** you experienced?

Do you think the experience you described made you try to **avoid other situations** which might have been upsetting?

Do you think avoiding these other situations had anything to do with any **shame** you felt?

To what extent do you think the experience you described was **negative or harmful**? Can you explain in what ways it was negative or harmful?

SECTION TWO: QUESTIONS INVOLVING BOTH *THE PAST* AND *THE PRESENT*

1.) *Socialisation*

Now I am going to ask some questions about how other people behaved towards you both at the time of the original incident and since then.

Do you think this incident had any impact on how you were **perceived** by your family, friends, or your peers (at school/work)?

Do you think this incident had any impact on how you were **treated** by family, friends or peers at school/work?

Can you remember how people treated you when you had **similar feelings** at other times in your past?

In the past how have you tended to think **other people would respond** to you if they knew about this incident, or if you told them?

How do you **expect people to respond** to you if you tell them about this incident now?

2.) *Predictive strength*

The next questions are to do with how much of an effect this incident has had on you, and how much of an effect the memory has on you now.

Firstly, if you were put in the same situation now, do you think you would **feel** the same way?

Secondly, if you were put in the same situation now are you afraid that you would **behave** in the same way?

Do you think you would feel the **same amount of shame** if you were to be put in the same situation again?

3.) *Social consensus*

It may be that you think that in the circumstances that you have described it is right and natural to have the feelings that you described. In the next few questions I would like to ask you about this aspect of the feelings you described.

Do you think that in the same circumstances other people would have felt the same?

Do you think that it would be appropriate or inappropriate if other people in the same circumstances were to feel the same as you felt?

It may also be that you think that in the circumstances that you have described it is appropriate or inappropriate to feel shame. Do you in fact feel that it is in any way appropriate or inappropriate that you should be ashamed in this way?

4.) Disclosure Now

I asked a few questions before about whether in the past you have talked with people about the experience you described. In the next few questions I'm going to ask some questions about whether you talk to anyone about it now.

So, firstly, do you in fact talk to anyone about this experience now? or do you prefer to keep it to yourself?

[If have talked] Have you talked to many people about it? Can you say who you have talked to about it?

(for example have you talked about it to your spouse, a close friend, a professional such as a doctor or a priest, a parent , an acquaintance).

What, if anything, did you hope to gain from talking about your experience?

Have you found talking about the experience in any ways **helpful**? Please can you say in what ways you found talking about it helpful.

Have you found talking about the experience in any ways **unhelpful**? Please can you say in what ways you found talking about it unhelpful.

How have other people responded/ how has this person responded to your feelings when you talked about it?

What qualities or characteristics of the person/people you spoke to were you most aware of when you spoke to them?

Do you remember how you felt when you told them?

What effect do you think telling her/him/them had on how she/he/they saw you?

[If haven't disclosed] If you don't talk about the experience can you say why you choose to keep it to yourself?

How would you expect to feel if you told someone about it?

Do you feel any urge to talk to someone about these experiences?
[If yes] Can you say what you would hope to get out of it?

How has it felt so far talking about it today?

5.) *Meta-emotion question focused on the present*

I asked you before if in the past you felt that it was OK or not OK to have the kinds of feelings you experienced at the time of the memory you described. I now want to ask you about how you currently view these same feelings.

Firstly then, do you now feel it is OK or not OK to have the kinds of feelings which you had during the incident you described?

If no, what was it about your feelings that doesn't feel OK?

Can you describe how having these feelings makes you feel?

Do you feel ashamed or guilty about having these feelings?

SECTION THREE: *THE PRESENT*

1.) *Virulence of memory*

Moving on now to the context in which the memory of this experience (these experiences) normally comes to your mind.

Can you say approximately how often you recall and think about these experiences?

Very frequently, frequently, sometimes, seldom, never.

2.) *Occurrence of memory*

Can you think of the last time you thought about this event? Please describe as clearly as you can the circumstances in which you thought about it.

Would you say that this is typical of the circumstances when you think about it?

OK, I'm now going to ask you a number of questions about this recent time when you thought about it.

3.) *Effect of memory recall on action tendency*

Remembering emotional experiences can change the way we *think* about ourselves, other people, and what we want. In these next questions, as for the question above, I want to keep the focus on the last time you *thought about* this incident.

Firstly:

Did remembering these events have an effect on what you wanted to do? If so can you explain how that was?

Did remembering these events change the way you thought about other people? If so can you explain how?

Did remembering these events make you feel more or less inclined to assert yourself? If so can you explain how?

Did remembering these events make you feel more or less inclined to make demands on other people? If so can you explain how.

Does remembering these events make you feel more or less inclined to be with other people? Can you explain why.

4.) *Effect of memory on behaviour*

When you thought about it did it affect what you actually *did* in any way?

Please can you say in what ways remembering this incident affected what you did.

Specifically, did it make you more likely to:-

avoid certain people
avoid certain kinds of situation

present yourself differently to how you might otherwise have presented yourself.

- would you say you became more or less apologetic when you have this memory in mind?
- would you say you became more or less respectful of other more powerful people when you had this memory in mind?
- would you say it made you more or less deceitful when you had this memory in mind?

5.) *Emotional sequelae*

How did you feel after you thought about these experiences?

Can you say on a scale of 0-5, where 0 is not at all, and 5 is very intense, how much you felt the following emotions:

anger
sadness
anxiety
depression
self-disgust
guilt
embarrassment
shame
relief
gratitude

6.) *Effect on relationships*

I would like to know if thinking about these past experiences had any effect on how you feel and act in your current relationships.

Did thinking about it have an effect on how you were with other people do you think?

not at all __, a little __, moderately __, a lot __, extremely __

Did thinking about it make you more or less withdrawn from other people do you think?

a lot more __, more __, same __, less __, a lot less __

Did thinking about it make you avoid any people now who you felt O.K. with before you recalled it?

a lot more __, more __, same __, less __, a lot less __

Did thinking about it make you feel more or less committed to any other people?

a lot more __, more __, same __, less __, a lot less __

Did thinking about it make you more or less committed to living up to any particular standards now?

a lot more __, more __, same __, less __, a lot less __

Did thinking about it make you more or less difficult with other people, do you think?

a lot more __, more __, same __, less __, a lot less __

Did thinking about it make you more or less angry with other people, do you think?

a lot more __, more __, same __, less __, a lot less __

Did thinking about it make you seek out relationships now with people who you feel would be more accepting?

a lot more __, more __, same __, less __, a lot less __

Did thinking about it prompt you to let other people know how you were feeling?

a lot more __, more __, same __, less __, a lot less __

7.) Appeasement vs avoidance effect in relationships

Did thinking about this past experience make you try harder or less hard to make other people like you?

Did thinking about it make you try harder or less hard to avoid being judged by other people?

8.) Source of maladaptiveness

Now I'd like to ask you which out of two possible situations would cause you most distress?

A: the fact that other people can go about their business without feeling this kind of shame

B: the fact that other people respond unkindly to the shame you experience.

9.) Beliefs

It is possible that important emotional memories are connected to long-lasting beliefs we have about ourselves. I want to ask you about this aspect of your experience in the next questions.

Does remembering these events highlight any beliefs or ideas you have about yourself?

If so, please can you say what they are:

Do you think that this episode has in any way changed how you think of yourself, or the aspects of yourself connected with your shame?

Does thinking about these experiences highlight any beliefs or ideas you have about what is possible for you, or what the future holds for you?

10.) *Factors associated with maintenance/recovery*

Now, finally, let's look at how things might change, or might have changed since the incident you talked about:

Do you think you will ever stop feeling ashamed about this?

How do you think it would be possible for this to happen?

I'm going to ask a series of questions about various things which may have changed since you originally felt this shame.

Have other people's attitudes towards you changed for better or worse?

Have people in your important relationships understood you better or worse since the events you have been talking about?

Have new people you have encountered since then understood you more or less?

Have you become more or less critical of the people you were originally ashamed with?

Have you decided that what you were ashamed of is more or less important?

Have changes in your self since then made you more or less ashamed of who you are?

Have you thought more or less about this incident with the passage of time?

EXPERIENCE OF THE INTERVIEW

Finally I wonder if you could say in a few words how it has felt like for you to do this interview?

Do you feel it has been in any ways unhelpful for you?
[If yes] Can you say in what ways it has been unhelpful?

Do you feel it has been in any ways helpful for you?
[If yes] Can you say in what ways it has been helpful?

Do you think talking today has in any ways changed how you feel and think about your emotional experiences?
[If yes] Can you explain how?

APPENDIX 13
CASES OF CLEAR SHAME IN THE SELF-DEFINING MEMORY STUDY

P	CLEAR SHAME
3	<p>Shame felt ‘afterwards when everyone told me how stupid I was’.</p> <p>However P also says that the therapist ‘made me feel <i>so small</i> that I’d, I’d wasted his time’ and that ‘I felt more humiliated when I came out of there than when I went in’.</p>
4	<p>‘It’s the thought that her thinking of me um having physical relationship with another man and er I thought you know quite ashamed, quite ashamed of it. Because what her expectations that are not, are not the same as mine’.</p> <p>Felt shame afterwards.</p>
5	<p>Felt shame immediately after the incident. (‘I sat on the bed and I thought Christ what have I done? [Pause] I shouldn’t have done that, now what are you going to do? I didn’t think you know Oh God is this going to be my life from now on? I just felt really frightened at what I’d done and I thought God you know, what’s going to happen, you know?’)</p>
9	<p>Shame was present to some extent at the time of the original incident but has been strong retrospectively: ‘It’s not something I’ve entirely escaped, and the feelings of, of shame, well a lot to do with just being a fool for giving up something that so many people would work so hard to, to get, you know...’</p> <p>Most of the shame has come after the incident ‘as time’s gone on it’s become clear that it wasn’t a very well thought really decision at all and um so a sense of shame has come in and in fact I never tell anybody that I, it may seem, I never tell people that I went there now’. ... ‘I suppose it dredges up all these feelings of inadequacy...’</p> <p>I felt always very ashamed of that decision and um ashamed of, in a way of how that whole period went’</p>
12	<p>‘Er ... well first of all I felt ashamed for letting myself get pregnant, but I feel that was the lack of knowing, or of having no education in ... or about sex life. But when I had the abortion, I just felt dirty. I just ... I just wished I’d never done it. [And is that shame still with you in some way or was that...] It is.’</p>
15	<p>Shame comes after the actual rape. ‘But, um, I mean the only feelings, the feeling I had after the rape was basically shame and still shame’.</p> <p>‘I think after I came round, um ashamed. Yeah, there was part of me that felt ashamed at the time because of what was happening and I had no control over it and I couldn’t stop them. They were taking something from me that was mine. Um, and the shame afterwards, that’s why I never told anybody, I just wanted to put it out the back of my head, I never told anybody for years. You know, I never mentioned it to anybody. So I, I lived with the shame for a long time’.</p>
18	<p>‘[And at what point did you feel shame, what was the shame concerned with?] Er... Well I think this shame, is partly a sort of feeling of nakedness that I now have down there, I feel as if it’s exposed, as if, almost as if people can see it. I also feel that er, I’ve been dirty as it were and I’ve had to have [refers to the operation], and any woman that I confronted with it would sort of think that. Yeah, I wished I’d known that these things were going to happen, I never would have had it done’.</p> <p>‘Er Oh it’s sort of hard to say really ... er I feel as if I’ve let myself down, that I was dirty, that er, degraded, felt as if I’d been subjected to a degrading operation. I felt really degraded afterwards.’</p>
19	<p>‘And how, on the same sort of scale, how strong were your feelings of shame at the time?] At the time ... um probably not that high, it’s just sort of afterwards, um, things sort of, you know when when you stop to think about things like, you know you realise, it’s well everybody’s going to be sort of laughing at you and whatever. Um probably about 8 or 9</p>

	<p>sort of, but not at the present time like you know. [That was sort of afterwards, it got high afterwards? What in weeks or hours or...?] Um. Probably, sort of thing you know when I had time to sort of think about what had been going on. Perhaps a couple of hours after, after that incident sort of thing, you know. Um, as I say, not sort of straight away, more anger straight away but sort of later the sort of shame and embarrassment at what had sort of been going on.'</p>
20	<p>'And he gave me his telephone number, but of course when I phoned it it was the wrong number. And, you know, I just felt so, I remember feeling so betrayed really, that, so ashamed that I'd done this and so betrayed by the person I'd found myself doing this with had just tossed me away like a used tissue really basically.'</p> <p>'And I remember standing up in the bedroom in my mum's house telling my friend about it, and it was like a look of disbelief on her face, like how could you? Like she didn't believe me or something, and just the look of real shock in her eyes as well. And that I think added to the shame too, really'.</p>

APPENDIX 14 **CASES WHERE PARTICIPANT WAS AMBIVALENT OR EQUIVOCAL** **ABOUT THE EXPERIENCE OF SHAME IN THE SELF-DEFINING** **MEMORY STUDY**

<i>P</i>	<i>AMBIVALENT OR EQUIVOCAL RE SHAME</i>
1	<p>(i) Denial of shame: Frequently during the interview she denies experiencing shame (e.g. 'Not shame, no, not shame. I've done nothing to be ashamed of as far as I am concerned anyway, nothing to be ashamed of').</p> <p>(ii) Acknowledgement of shame: However she talks about her <i>current</i> shame about blushing ('Um, yeah. Group activities again. Uh, my daughter keeps asking me to go line dancing, but I think, no I daren't because if I made a mistake I'm going to be embarrassed and go red, and ... I mean for a forty nine-year old woman, you know, you really should be able to control yourself a little doing that. So there again, <i>shame!</i> Shame ... That I can't control it')</p>
2	<p>(i) Denial of shame: P not sure that shame characterises memory ('I'm not sure that shame's the right word').</p> <p>(ii) Acknowledgement of shame: Then goes on to say 'But I do feel ashamed about that [wanting to kill father when he was attacking mother] because I didn't feel remorse. I would have wanted him, at that stage, you know, just to leave my mum alone, but I wasn't brave enough to carry it out and I think the shame really was, was the fact that I couldn't carry it out.' Later she talks about a more general sense of shame about her background: 'at the time it seemed the norm, but now obviously that I've grown up and met different people I know it's not and I feel ashamed because we were very poor. I mean my father was rich but we were very poor. We didn't have proper clothes, we didn't have, we didn't know how to eat properly because we didn't have much food, it's lots of things. I didn't have any social graces or anything like that and I felt ashamed. I just felt ashamed of being me basically, just felt worthless, you know, and other people talk about, you know, things they'd get for their birthday, or things that their mum and dad used to do with them and talk about, and that never happened with us and I felt ashamed because of that I suppose.'</p>
6	<p>(i) Denial of shame: a) 'It's not a word that I actually – it's one of those words which I think people don't use very often, um, I don't know if, I don't know if shame is something that I experience a lot, maybe I should [laughs].' b) 'Yes, perhaps shame is, I know what the word means and, and I can understand the concept of shame in that I know to do shameful things. [Hesitates]. I find with a lot of this sort of thing there are often words which people would quite easily say, but whether you're actually experiencing them or not is another thing. Does that make sense?' c) 'shame is one where I'm not totally au fait with although I have experienced things which I've looked back at times in my life and I've thought, no that wasn't good you know and you know I feel sorry for that. Maybe a bit of shame, somewhere between sorry and something else I s'pose. But yeah.' d) later still 'I... I would cringe at what people might think, whether what they would be thinking was a shameful thing in a sense you know, where's the governing margin and what you know, what is is shameful you know. Shame is a word ... like I said I'm very good at probably justifying my actions at times because I sort of build a rationale behind them so I don't, I don't er, I probably would cringe and think ... shame.'</p> <p>(ii) Acknowledgement of shame: P says the incident provokes shame. a) Various reasons for the shame – girl he was infatuated with was much younger and he should have been wiser, felt he was becoming similar to a mental health patient. Also felt ashamed because of how colleagues responded to him ('I also felt ashamed that because a lot of the staff were women, I was the only male there, that I felt that they were all sort of gossiping about me and I was in isolation, I'd been marginalised by it all and I felt ashamed about my behaviour, you know, them thinking I was weak and like...'). b) Recently: 'But I thought right, I'm gonna give her reasons that I understand, I'm gonna be bloody nasty here, I'm gonna swear at her, I'm gonna call her a few names, I did that and um, I walked away and surprising enough I, I'm ashamed about it, but I felt quite good about it, I felt like I'd equalled the score you know and I'd said goodbye and that's it.'</p>
8	<p>P somewhat equivocal about the degree to which he felt shame. '[er, I don't know if you felt any shame that, you know, that was one of the things I asked about earlier, did that come into it?] [Sighs] No, um, I, I did feel that an indirect, what I would say was an indirect shame, because I was backing out of doing my duty for that day. I was turning away from something, there was something there ...'.</p>
10	<p>(i) Uncertainty whether experience was shame: a) 'I don't know whether it was shame, but certainly it was embarrassment, it could have been shame, um. I'd have to think about it for a long time before I decided if it was shame but it certainly was embarrassment'. b) 'Shame probably is there but it's um, it's mixed with other emotions. Shame inwardly you feel, yeah you would, you do feel shame, but it's embarrassment and upset and it's ... because you've been found out, or ... because the subject is taboo ... yeah, yeah, yeah.'</p> <p>(ii) Acknowledgement of shame: 'When you say shame, I think er that incident when they were taking the mickey, that was shame'</p>
11	<p>(i) Denial of shame: a) After being asked if she experienced shame 'Um. No, no cos I think I was quite strong, for them couple of years. I don't think shame came into it really. It was all to do about surviving, you know, this sort of idea. I had to keep strong and everything's alright, you know, so. Mmhm.' b) 'No I don't know about it, I don't know whether I had shame ... I don't um [very hesitant over this question] Um ... I don't know I think that could be, I think there should be another word used really'. ... she thinks that might be 'maybe not determination, but to stop people prying ... like I think it's all to do about that'.</p>

	<p>(ii) Acknowledgement of shame: a) After talking about a number of incidents which become increasingly personal she finally describes the time she says her mother being raped by her father. Interviewer asks '[And does that, is that connected with the shame at all?] Yeah, that was very, yeah, hm, so'. b) P says she experienced shame when she saw the terrified look on her mother's face, and she felt 'shamed you know because of my dad really'. She says she then tried to forget about it. However she says the feeling of shame comes back when she thinks about it ('[And does the feeling of shame come back when you think about it then?] Yeah, very much so.').</p>
14	<p>(i) Uncertainty about shame: P suggests that he is unclear about the distinction between shame and guilt 'there is a certain amount, um I'm using the word guilt, probably mean much the same as you, you saying about shame, about the fact that it didn't, you know it didn't affect me as perhaps it should have done. And um ... I think at the end of the day, I mean you always ... at that time I actually felt responsible for everything, so you know you only see things through your own eyes, especially at that age.'</p> <p>(ii) Felt shame 'once the initial event was over' and he began to have contact with people outside the house again: 'it was when the event had started sinking in that it was real, in as much that it was, a change had happened and as I said, when this labelling started to happen, um and, I mean from that incident, from that time I hate sympathy.'</p>
16	<p>(i) Denial of shame: 'I don't know if you'd call it shame. I felt um it was my own fault, I should never have gone in there. He obviously must have thought I was asking for it, I mean I'm not naïve, I knew in the end that was, that's all what he wanted like. [Did any shame come into it or, was there guilt, or?] Just guilt I suppose. I couldn't tell anybody. I couldn't tell my two older lads. Cos they knew him you see.'</p> <p>(ii) Acknowledgement of shame: a) '[so when you, you know not telling anyone, was that because you felt guilty or because you felt ashamed to tell anybody?] Well it felt, yeah, I just felt ashamed of it, because I mean you know I thought everybody would just say I asked for it. You know, I should never have gone in. I couldn't believe it. Just all happened so quick, you know, and this it was like one minute he was alright and the next he was a raving nutcase'. b) '[At what point did you feel shame?] Well afterwards I suppose when I went and came out. He just sat on the sofa. Then I sort of went into, I can only describe it as shock like, I just denied it had happened. You know, in my mind, I mean I knew it had happened but I sort of made myself think it hadn't happened. It wasn't till ... after Christmas that I actually acknowledged that it had happened. And I don't know why or what triggered, what started me remembering it like.'</p>
17	<p>(i) Uncertainty about shame: a) 'Um, but again that's something um that brings shame in the respect that you can't speak about it. If people say to me, they automatically presume you're divorced, which I've never said, I've always said no I'm not I'm a widow, um, but if people ask oh I'm sorry how did he die, I automatically say, oh it was a car accident, um, and not go into it. Um, because you can see the horror. Therefore it's best not to say anything. [The horror on people's faces.] Yeah. [Is that, is that connected with shame for you do you think? You know, the actually not telling people, is it partly because you feel ashamed or is it mainly because you don't want to see the horror on people's faces?] I honestly don't know which it is.' b) '[So at what moment did the shame come on, do you think that that was because of shame when you said...] I don't know, I honestly don't know'. P goes on to say she was too busy 'sorting the children'. c) re strength of shame P says 'At the time? I would have said zero. [Yes]. And yet, why did I not want the sirens on and that? I don't know if that was shame or I just didn't want the attention. I think basically I didn't want people to know'.</p> <p>(ii) Acknowledgement of shame: 'And it's funny, you talk about shame. I remember saying please will you not put your sirens on. [Tearful]. And it's a funny thing to say but, I just didn't want them to put the sirens on. I didn't want people to know. But I had to have them. And I didn't know what else to do'.</p>

APPENDIX 15

ATTEMPTS TO AVOID THE MEMORY

P	ATTEMPTS TO AVOID CONTACT WITH THE MEMORY
1	<p>(i) Removes self physically from reminder: Moved to a different town in an attempt to 'move away from some of the memories and start again, and build a new life'.</p> <p>(ii) Drinking: Drank more because drinking made her feel that 'I wasn't bothered ... I could tell myself that things were alright, I'd have a drink and then I'd got to sleep and be alright cos I'd get up and have a shower and go to work and that would be it. Like it eased it in a way'.</p>
2	<p>(i) Removes self physically from reminder: a) 'It was, um, when I was talking to my sister and as I say a lot of things come out over these past few months when we talk about it. I just, I just didn't want to talk about it. And I didn't actually say to her about the incident but it was in my mind and I had to get away from her. I just had to leave. So, that was only a couple of days ago. b) '[When you thought about it did it affect what you actually did in any way? You said it made you want to get out] Yeah, it did. It made me feel sick and I just wanted to get out and I went. I left.'</p> <p>(ii) Mental self-control: 'Um, (pause) If I allowed myself to, I could think about it every night um but I don't and its only when we talk about it, about the family, that you know that's when I'll say something maybe but somehow I can control it and, and I make myself not think about it.'</p>
3	
4	
5	<p>(i) Distraction: 'I feel safe if I'm, I enjoy being away from home, I feel safer when I'm away from home sometimes. [What do you feel safer from?] My own thoughts, feelings, I don't have time to think about those feelings.' 'So I don't, I can put myself away really, I can become somebody else. And that's nice,'</p>
6	
7	
8	
9	
10	
11	<p>(i) Distraction: '[So it would have come into your mind, you would have thought about it what had a feeling of some sort of about..] Just ugh, just take it out of my mind again. [And then get it out of your mind quick.] Yeah, that's it. [OK. And what would you do to get it out of your mind, you...?] I'd probably, cos I'm quite a busy person anyway and um I always like to keep myself busy, I'm always on the go, if I've got nothing to do I'm like, like a little busy bee, like trying to go around, trying to do something you know, but I've just always got things to do so, that's another, that's another reason why I don't like to sit and think about it, I just think, oh I've got this to do now, you know. So.</p> <p>(ii) General avoidance: 'I like documentaries, but I don't like documentaries like... I don't know, no I do, I think documentaries are alright, cos I like things like that, but when you've got like, ooh there's like films about paedophiles and stuff like that, I just oh I can't I can't even. I was at work one day and they were talking about a film that was on the other week and like a friend that I work with you know told me some bits and pieces of it and I actually, went stuff it I don't want to talk about it, I don't want you to say anything about it. I said I didn't see it but I heard a couple of things, ooh ...'</p>
12	
13	<p>(i) Mental self control: a) '[What when you try to think about it, it's difficult?] Yeah, yeah. [What because your mind wants to get away from it all?] Well mostly because my mind wants to get away from it. Mm.' b) Difficult because she usually avoids thinking about 'problems from the past' 'cos I know they're there, but I don't think about them. Just want them, get rid of them really'.</p>
14	<p>(i) Mental self control: 'I'm finding it a wee bit difficult inasmuch that the memory is not probably not my hottest subject because I think I've probably tried to switch off from it ... quite a bit and I spend most of my time actually just finding things to preoccupy myself to sort of avoid the now if you like. Uh'.</p>
15	<p>(i) General avoidance: a) '[can you say why you chose to keep it to yourself?] Shame. [Shame. OK.] I was trying to ... pretend it didn't happen I suppose and that was my way of not telling anybody, I thought if I didn't tell anybody and I didn't think about it or try not to think about it even though I did and I was having nightmares, um, you, you it was my way of dealing with it and my way of thinking well it didn't happen it was just a nightmare you know. Push it to one side, I mean, it'll get blocked away in a little room up in your head and it will stay there. Um, and if you didn't talk about it then it wouldn't come out.' b) '[Can you say approximately how often you recall and think about these experiences? Is it very frequently, or frequently, or] No, not very often, I try not to. [Seldom?] Very seldom.' c) 'the feeling I had after the rape was basically shame and still shame, you know but at the time I couldn't tell you, I couldn't tell you because a lot of it's been blocked out as well. [Because you try to avoid thinking about it?] Yes.'</p>
16	<p>(i) Mental self control: 'Then in the morning, I just ... (sighs) I just carried on as if nothing had happened, you know, taking my little boy to school and I just carried on like, nobody knew. I didn't tell anybody. And I didn't, for a while I just ... it just wasn't there any more.'</p> <p>(ii) Distraction: '[Well, when you remembered it, did it make you feel like doing anything in particular?] Yes I always want to get up and, you know, get up and go downstairs or something and watch telly. [To sort of distract yourself?] Yeah. [Um]. If I dwell on it too long I get really depressed.'</p>

17	(i) General avoidance: 'Um, guilty that, not just that, other things, I wonder if because I've gone all this time pushing feelings away... um... things have happened to me, and I, yeah, I've put them away and got on with my life. But I'm now starting to question if did I do that because they were painful? Or did I do it because at the end of the day I'm maybe not very nice ... and, I didn't care anyway?'
18	
19	

APPENDIX 16

HABITUAL NON-DISCLOSURE

P	MATERIAL FROM INTERVIEW
1	<p>(i) 'I don't talk about blushing to anybody. You're honoured because you're a psycho-wotsit!'</p> <p>(ii) 'No. Never. I've never talked about that to anybody, but you, up until now'.</p> <p>(iii) 'But I don't talk about it. Push it to the back of my mind, and just hope nobody notices'.</p> <p>(iv) '[And do you talk about this experience now?] No, I keep it to myself'.</p>
2	<p>(i) 'I normally I keep it to myself'.</p> <p>(ii) 'Well, it was just recently, um, my family have started talking about it, but I don't like talking about it. I don't know why we've suddenly started to but we have. Like I've got three other sisters and a brother. Um, but that's why I feel ashamed I don't wanna talk about it. I don't wanna hear.'</p> <p>(iii) 'I don't find it beneficial to talk about it because I can't change it.'</p> <p>(iv) In childhood a) 'No. We'd been told not to say anything to anybody. So nothing was said'. b) 'Um, we used to have a priest that would come round and talk but we weren't allowed to talk, or you know, show your feelings. You just didn't show your feelings. So there was never really a time that I've said I was scared or frightened, you just didn't say that. Um.' c) 'Um, I was very nervous as a child, very. And I just buried everything. Just learned to bury it'.</p>
3	<p>(i) 'normally no I wouldn't. I'd just keep it to myself'.</p> <p>(ii) 'Because I couldn't tell my friends what I was feeling. I couldn't tell them that' (because of fear that friend might not let her see her children).</p>
4	<p>(i) Re sexual abuse: 'I've only told one person about this, you know, just my supervisor, yeah. I've actually not mentioned it to any counsellors either'.</p> <p>(ii) 'Yeah I prefer to keep it to myself. Now I do' (re coming out).</p>
5	<p>(i) (a) 'I don't ever talk, you're the only one I think I've ever talked about it to. [Yeah. Sure. OK]. It's not something you would go talking to everybody else about is it really? [No, obviously not]. And the only reason I'm telling you is because I know it can't go anywhere.' (b) 'I've never talked to anyone'. (c) re wife 'I can't really talk to her, I would never ever talk to her about things that are going on in here [points to head] because I feel that, she shouts at me sometimes because of the way I am with the children, not, I'm over-protective towards them and I know why I'm overprotective towards them because I'm frightened that something like that might happen to them. And it's always in the back here. But I can't tell her that, so I panic constantly'. (d) 'I told you I never have, you're the only person I've ever, ever told' ... 'even my own doctor I'd never talked to about it'.</p>
6	<p>(i) Re feelings of vulnerability. 'I'm ... even though there are times that I can feel very nervous, I can feel very vulnerable, that side of me doesn't show very well and people see me more as in control and I, I've often seen that more as a disability now because there are some feelings which I don't express that well, probably because I feel ashamed to express them'</p> <p>(ii) However P also says that he felt compelled to talk to others about what was going on: 'it just became the subject of my life, you know, I was trying to find somebody to discuss it with so really I could get clarity and hopefully hear what I wanted to hear, you know, that's I don't know what I wanted to hear, that was the other thing, I didn't really know what I wanted to hear, I just wanted to talk about it, just made it more comfortable, I thought it would, but with my work friends, no, no.'</p>
7	<p>(i) Re church: 'I stopped going because I don't understand, they want to know the details and I can't and I won't tell them, it's not their business to know'.</p> <p>(ii) 'it's not something you would talk about is it, it's personal and private you know'.</p> <p>(iii) 'Yeah, but it's such a terrible thing isn't it. How can you tell ordinary people, they're ordinary people aren't they but, I don't know. [But most people just wouldn't understand sort of...?] Well it's personal anyway isn't it, you don't go telling those ... You wouldn't I don't suppose, tell a personal things to ... even if it's in-laws, you don't do you so'.</p>
8	<p>(i) 'I don't relate this to other people. I mean [name of wife] knows, um, Dr __ knows and you know, but outside of that, I wouldn't tell anybody'.</p> <p>(ii) P attempts not to display his feelings a) 'I knew the shock was setting in and I didn't want it to show'. b) 'I've got the character and personality to hide it. Because it's such, what shall I say, it's ... such a high profile position. You've got to remain, um, inhuman sometimes, what's the word automated, you know, not not let</p>

	<p>anything show on your face'.</p> <p>(iii) 'I've nothing to hide, but I wouldn't mention it to strangers, they'd probably think I was crackers.'</p>
9	<p>(i) 'a sense of shame has come in and in fact I never tell anybody that I, it may seem, I never tell people that I went there now ... It's really strange that isn't it, maybe partly it's because it's easier to write it out and, and now I can write it out of my personal history sort of thing'.</p> <p>(ii) 'I was insecure you know, I didn't like to let on what I felt'.</p> <p>(iii) 'I much prefer to keep it to myself, yes. No question about that'.</p> <p>(iv) 'The other thing, the thing I didn't talk about that's closed off, is, is um. Oh I don't know ... for a start the question is about whether I can actually bring myself to talk about it'.</p>
10	<p>(i) 'I found it was also better to be, oh not to get into a confrontational situation, um, keep your thoughts to yourself and be sort of inward looking you know and suppress any outward signs of emotions, er, self control it might be called, er, whatever. Um ... to not let your emotions be seen to be coming out, um, expressed.'</p> <p>(ii) 'I've had a um a range of er a range of meetings, er sessions with different people and um perhaps allowed me to open up a little bit more and talk about um things that are locked up inside my head or where ever um which I haven't talked about for, well I haven't talked about ever, yeah? Not um ... some things that I've got at me in the past that I've talked about, I've never mentioned before, except up there and now perhaps down here this afternoon'.</p> <p>(iii) 'I would keep it to myself, yeah, as much as, as I said earlier you know it's OK revealing it where it's contained, but I wouldn't want it to be I wouldn't like to burden my wife with it, you know or anybody I knew, I'd prefer to just keep it locked up on my own store of er, bad memories if you like'.</p> <p>(iv) 'And um, that's ... that's me, keep your own counsel'.</p> <p>(v) 'I haven't told anybody bar, perhaps in here and at [name of social services centre].'</p>
11	<p>(i) 'No, no. I, I never ever talked to anybody about anything, no'.</p> <p>(ii) 'I just thought, you know, I don't want anyone to know, I don't want to talk about it, I'm perfectly fine, and I'm fine, that was it you know, I didn't ... yeah.'</p> <p>(iii) 'I prefer to keep it to myself'.</p> <p>(iv) 'these are things I've never told anyone, so...'</p> <p>(v) 'I never wanted anyone to find out'.</p> <p>(vi) 'It depends what sort of person you are, I think I'm the type of person I just keep things to myself just to, just I think it's easier. And I don't have to go through it again and explain it all, you know, I just keep it to myself you know, people don't have to ask questions then you see, so'.</p> <p>(vii) Re parents' divorce: 'I mean I never, I never talk to mum about it or ... I never, I didn't talk to anyone'.</p>
12	<p>(i) 'there was nobody to share the pain with anyone. I couldn't even ... tell my best friend, even now, nobody knows about it.'</p> <p>(ii) 'No. Nothing. I couldn't even speak to the doctor'.</p> <p>(iii) 'But then again I'm that type of person because ... I do tend to keep things to myself. Cos I have, since I have had friends and it takes me ages to trust somebody. And when I do then I tell them things, but I always found that they either used it against me or they just weren't true friends.'</p> <p>(iv) 'No. Not really because I can't talk to anybody. I feel that I can't talk to anybody. The person that I want to talk about, he doesn't want to know'.</p> <p>(v) '[do you prefer to keep it to yourself?] Um ... yes I do. I don't really but I do, it's hard to, it's hard to explain. I do but ... even, I've got a very, very best friend, um, but I still you know it's hard, hard to bring up. [Have you told her or talked to her about it?] No I haven't.'</p>
13	<p>(i) 'generally I don't say anything'.</p> <p>(ii) 'Well I wouldn't know how to go about telling people, I wouldn't know how to put the correct words in my mouth um for them to understand'.</p>
14	<p>(i) [Did you talk to anyone about how you felt afterwards?] Not at the time. Not at all.'</p> <p>(ii) 'I think it, um, well I think the fact that I never really expressed anything at the time in any direction even, I mean that one incidence when we were er, when they first came back, was I think the only time I ever cried.</p>

	<p>Um ... and I don't know whether that was a self-defence thing, um I just put the barriers up, but that was something sort of that appeared to work for a while then and I've never been able to um get out of the habit of doing that.'</p> <p>(iii) 'I've got to admit it's not the sort of thing I've had, you know, brought up in these sort of situations, but actually outside I wouldn't want, bother to mention it'.</p> <p>(iv) 'I mean that's, that's my very nature, its not actually being open'.</p>
15	<p>(i) 'Um, and the shame afterwards, that's why I never told anybody, I just wanted to put it out the back of my head, I never told anybody for years. You know, I never mentioned it to anybody. So I, I lived with the shame for a long time'.</p> <p>(ii) '[did you talk to anyone about how you felt afterwards?] No. [Not at all?] No. I shut it out, I didn't want to think about it, I didn't want to talk about it. I was trying to pretend it didn't happen.'</p> <p>(iii) 'Um, at the time I didn't have any family, and friends, I mean, what friends I had didn't live in the area anyway, so that nobody knew. I never told anyone, so.'</p> <p>(iv) re father's inappropriate sexual behaviour towards her: '[Sighs] My dad tried when I was about 13, um, but once again I never, I never told anybody'.</p>
16	<p>(i) 'I just carried on as if nothing had happened. I never told anybody.'</p> <p>(ii) 'I didn't tell anybody. And I didn't, for a while I just ... it just wasn't there any more.'</p> <p>(iii) 'I'm not talking about it to anyone at the moment, sort of except now like.'</p>
17	<p>(i) 'Because I've gone so many years, you know, like I've said to you, I've gone over __ years with everything bottled up. And not even realising I suppose that it was bottled up, I just thought it was life.'</p> <p>(ii) 'And it's funny, you talk about shame. I remember saying please will you not put your sirens on. [Tearful]. And it's a funny thing to say but, I just didn't want them to put the sirens on. I didn't want people to know.'</p> <p>(iii) 'the memories that I don't have to dig very hard to find them, they're very much on the surface. Um, I've just managed for years to cover them over, like wallpapering a crack'.</p> <p>(iv) 'I don't really speak to anyone about it.'</p>
18	<p>(i) 'Er, well the ordinary person I wouldn't really have tell them I think they would respond in the way I've just described. You know, why did you have it done, that's stupid, I'd never have done that'.</p> <p>(ii) 'Er, I've been talking to my father about it. I would prefer not to be talking about it, er, sometimes talk to my brother about it and my best friend in [name of town]. You know I tend to avoid discussing it with them, but if they enquire, I'll discuss it yeah'.</p>
19	<p>(i) 'I've always been quite a private person. Um, I tend to sort of keep things to myself.'</p> <p>(ii) '[Can you remember how other people treated you when and if you had similar feelings at other times in your past?] Um, well friends, I didn't, I've never really sort of opened up'.</p> <p>(iii) 'the thing is I mean I haven't told people. Um, I've sort of you know kept things to myself, um, as I say, I've told my mother one or two things in the past but, I mean really I've kept, kept everything to myself. Perhaps through fear of being embarrassed or sort of laughed at'.</p> <p>(iv) 'Well I've always been the sort of person that sort of keeps things bottled up, but I don't think it's particularly healthy'.</p>
20	<p>(i) 'I just decided to tell them that he'd slept around and not [laughs] really mention what had happened with me. So I guess that must say that I felt really, that I wanted to hide it, to bury it, to cover it up, to pretend that it had never happened really'.</p> <p>Note responses to questions regarding disclosure were not recorded, therefore P20 is excluded from most analyses.</p>

APPENDIX 17

ANTICIPATED RESPONSES TO DISCLOSURE

P	CODE	MATERIAL FROM INTERVIEW
1	<p>(i) labelling, blaming or judging</p> <p>(ii) lack of understanding</p> <p>(iii) pointless</p>	<p>(i) a) 'To be told you're silly. And they think you can switch it off "what a silly thing to do, there's nothing to be embarrassed about" or "Oh there's no need to blush, there's no need to be embarrassed", you know. But I know that [coughs], you know, I know that, but I can't stop it. You know, I wish I could'.</p> <p>(i) a) 'I don't think people would understand it. I don't think people can understand it. People who haven't gone through it and don't blush and things like that don't understand. They don't understand how crippling it is. They really do not understand.'</p> <p>(iii) a) 'I don't think it could help. I don't think talking could help. Like I say, I mean the hypnotherapist came, he tried to hypnotise me to stop it, and that didn't work, so talking about it's not going to help.' b) 'I don't think anybody could help. I really don't think they can. I'd like to know if they could. If somebody could'.</p>
2	<p>(i) labelling, blaming or judging</p> <p>(ii) lack understanding</p> <p>(iii) lack of interest/attention</p> <p>(iv) not believed</p> <p>(v) pointless</p> <p>(vi) other</p>	<p>(i) a) 'Um, they probably think it was my fault, you know, just playing up as a girl. I would feel ashamed, I would feel ashamed telling people'. b) 'I always feel as though I'm being judged. Um, whether I think about it or not. If I do think about it, then, by telling you, I would be thinking that you are judging me and saying God there's a potential murderess there or, because you don't know me, you'd label me as something. That's how I feel.'</p> <p>(ii) 'I always think that they wouldn't believe it, they wouldn't understand. Um, they probably think it was my fault, you know, just playing up as a girl. I would feel ashamed, I would feel ashamed telling people'.</p> <p>(iii) 'I just think they wouldn't care, they wouldn't be bothered, you know'.</p> <p>(iv) 'I always think that they wouldn't believe it'.</p> <p>(v) a) 'the one question I've always wanted to ask my dad is 'why?' That's the only thing I want to know is why, I just, I can't see how talking about it helps. Maybe I'm wrong ... if I can't see a solution to the problem I can't see the point in tackling the problem because it's not going to be solved, is it?' b) 'Because I know in my own mind my memories and the effect they have on me. I know why I'm the type of person I am today, and I don't find it beneficial to talk about it because I can't change it.'</p> <p>(vi) being different: 'I think I remember speaking to friends and saying does your dad ever hit you and things like this and they used to just laugh and I just knew then that they didn't so, I didn't say anything more'.</p>
3	(i) labelling, blaming, judging	<p>(i) a) 'the friends that I did have they haven't been through anything like that so they just think it's stupid anyway'. b) re boyfriend 'Think he might wonder what he's going out with a looney for basically. Might think he's going out with someone that was unstable and that and he might not want to go out'. c) Re interview itself: 'Um, quite useful, yeah, yeah. But I mean I don't know what you're thinking. You're probably thinking, 'oh this stupid woman sitting here telling me all this crap'. I don't know. I know with my counsellor what I can say to her, 'look what is up front'. And she says 'not I don't get bored honestly. I do have a hard time with ya. But you could be sitting there thinking 'Oh is it tea break time, I've got to go now'. I don't know how.'</p>
4	(i) upset/ burden others	<p>(i) Re sexual abuse: a) 'I was frightened, I was frightened of, if I told my mum, I told my dad, you know, how are they going to react, and that family is more stronger than ours and um I'm going to cause problems and um, and um I just sort of left it and just let it happen'. b) 'I mean, I mean I'm happy talking about it here because you don't really, you only know me now, you didn't know me before and you won't know my, my cousin that's actually did it. Like, I mean, I couldn't talk to any of them, even however close I was to my family, because I don't want, I don't, I don't want their ch, their feelings towards that person to change because of me.' c) 'I think um as well if I was to take it to the law, you know, what about all the family, you know, pride and everything, what's gonna happen and all because of me, you know and um, it's best just to keep it hidden really'.</p>
5	(i) labelling, blaming,	(i) a) 'Because I felt so ashamed and people feel disgusted and and reviled by

	(ii) upset/ burden others	(ii) a) 'I wouldn't like to burden my wife with it, you know or anybody I knew, I'd prefer to just keep it locked up on my own store of er, bad memories if you like'. b) 'I wouldn't want to worry her with it'.
	(iii) isolation	(iii) in past: 'you didn't want to broach the subject and you'd probably have no one to broach it with. I mean if your mum and your older sister are taking the mickey out of you over, you know looking down a blouse or looking up a girl's skirt, or, you've been playing with yourself or whatever, um ... I can't see my father um listening to me and taking it, you know, or doing anything about it, so who do you take it to, you know, who do you discuss it with?'
11	(i) labelling, blaming, judging	(i) a) 'I'd always be thinking like Oh God mother they know this now and what's going through their minds and you know, so'. b) 'Um, no, no I think the fact that they'd be thinking something in their mind that I wouldn't know about and I didn't want you know, so. I don't know. I've got this terrible thing about it, people thinking about ... I don't, if I do something wrong, I always have to do things right because I don't anyone thinking bad of me or any-, I mean its still now, I still feel it now. And I'm always oh on edge like, cos er, or like worried about this, that and the other, or are they going to think this, are they going to think that. That could be anyone, you know, so.'
	(ii) upset/burden others	(ii) '[have you talked to anyone about it?] No. No. I wouldn't have really at all. I'm ... because like mum found something out um like month ago and she was really annoyed, well she was upset and everything, so um.'
	(iii) unhelpful positive responses	(iii) 'No, I, cos they tend to feel sorry for you and ... you think, well I was strong through it you know, and we're alright'.
	(iv) other	(iv) Shock: a) 'I wouldn't talk about it to anyone normally, cos it's, I don't know. It's this thing about shock on someone's face, or ... just ... I don't know, whether it ... for some reason ... um if you're like actually ashamed, you know using your word but, shamed in the sense that there so - you know, this actually happened and you know you don't want to say it to anyone, you know'. b) 'I think they would probably be shocked. I mean, in order to stop that shock, I didn't want to tell anyone'.
12	(i) labelling, blaming, judging	(i) a) 'I do tend to keep things to myself. Cos I have, since I have had friends and it takes me ages to trust somebody. And when I do then I tell them things, but I always found that they either used it against me or they just weren't true friends'. b) 'people don't talk about things like that. Especially in those days. They did, they did class it as disgusting, dirty and shouldn't be done and everything else.'
	(ii) upset/ burden others	(ii) 'I would still feel the same and I might upset somebody ... by telling them because they might not understand or they would feel sorry, or...'
	(iii) lack of understanding	(iii) a) 'So really I ... thinking about it now, it would have been better to have some professional help at the time, not necessarily talking to a friend because ... friend wouldn't understand'. b) 'It's just not done, is it, not ... done thing to. It's like opening the wounds and at the end of it er I would still feel the same and I might upset somebody ... by telling them because they might not understand or they would feel sorry, or...'. c) 'I think they wouldn't understand. [Why do you think they wouldn't understand, why do you think that is?] Well unless it's happened to them, it's very hard to understand.'
	(iv) trust	(iv) a) 'Because there was nobody I could trust. I wasn't born here, I had, I didn't have no family here, I didn't have no, I had some friends but they weren't ... friends that I can trust'. b) 'I do tend to keep things to myself. Cos I have, since I have had friends and it takes me ages to trust somebody. And when I do then I tell them things, but I always found that they either used it against me or they just weren't true friends'.
	(v) pointless	(v) a) 'I don't think it would make any difference talking to anybody now'. b) 'What's the point, it won't bring back anything will it? I'd be just going over and over the same thing [sighs], getting upset and the feeling would be still there ... tomorrow and the day after.'
	(vi) isolation	(vi) 'I can express myself but there is nobody to express it'.
	(vii) other - <i>shocked</i>	(vii) 'I think they would be shocked, um ... because I tend to keep the appearance [sigh] as if I'm in control. I'm not'.
13	(i) lack of understanding	(i) 'Well I wouldn't know how to go about telling people, I wouldn't know how to put the correct words in my mouth um for them to understand. Its all something, you know ... But I suppose lots of people have these traumas, as a

	(ii) not believed	<p>child, as children and not be able to talk about them. They wouldn't know how to put it across at all.'</p> <p>(ii) 'I think they wouldn't believe me. I've never known how to describe what happened between me and my brother. Um, I wouldn't know how to go about telling people, I don't think they'd believe me.'</p>
14	<p>(i) labelling, blaming, judging</p> <p>(ii) lack interest/attention</p> <p>(iii) isolation</p>	<p>(i) a) 'I suppose its ... it's this, it just comes back to this thing you know about I will not be hurt again, but if you let it ... by the very nature if you let somebody understand what really motivates you or what your really feeling, it can by definition be used against you, if they were that way inclined, but I mean ... [In what ways? Why would people be able to use it against you?] ... Um ... Well that's perhaps the wrong way of put-, if ... People can only hurt you if I mean if you let them in in the first place.' b) 'I mean its stopped me talking to some people if I thought um ... its letting them know that you're vulnerable I suppose.'</p> <p>(ii) a) '[What about in the past, have you, how have you tended to think that other people would respond to you, if they knew about what happened?]' That's the type of thing I mean to anybody else its no big deal. I wouldn't expect them to give a damn. Because I mean really um ... I mean I've got to admit I mean its probably even the attitude I'd take myself. [If somebody else...?] Yeah I mean, so what, those things happen. Um, Its nobody else's problem.' b) 'I think initially, I don't think there was actually anybody ... nobody asked me for one thing. But on the other hand I mean, there wasn't, there wasn't anybody immediately there that, who would listen I don't suppose.' c) 'Well they'd got their own problems, I mean [inaudible], obviously, but well perhaps it was her way of dealing with it, but my mother got bogged down with practicalities, I mean initially there was obviously arrangements and whatever and then she had to like, she was a housewife then, and then she had to find a job and sort of so And um, I don't know whether, I mean I can't remember actually whether she did ask me or not, but um, ...'</p> <p>(iii) a) See (ii) b) above 'I don't think there was actually anybody immediately there that, who would listen I don't suppose'. b) 'At the moment I don't ... it sounds a bit extreme but there probably isn't anybody. Cos um, ... maybe because of one reason or another I have got rather isolated recently.'</p>
15	<p>(i) labelling, blaming, judging</p> <p>(ii) positive response</p>	<p>(i) 'I think, I don't know, but I think going back I think they would probably, I don't know they probably think I'm sort of oh keep away, you know, she's been violated or, um, men would probably think of me as a big joke or you know they wouldn't, if I was in a relationship they think oh you know we don't want to go with her because she's been, been with somebody else, two at the time, you know, it, I think, I don't really know because as I say I was on my own at the time, so. I think men react different then than they do now.'</p> <p>(ii) Exceptional comment re present 'No different to, I'm no different to anybody else. I don't expect sympathy, I don't expect a cuddle, I don't expect I'm sorry, I don't expect ... its not something that comes out in a sentence, its not something that comes out in everyday conversation. Um, if the subject does come up you're obviously talking about something that evolves around that or close to it. Um, or somebody else that its happened to. But no I don't expect to be treated any different, I'm no different to anybody else. [OK. But you'd expect people to respond sympathetically, or, you know, accepting it] Just accept it. It happened and there is nothing I can do to change it. It doesn't make me ... it makes me a different person, but doesn't make me a worse person.</p>
16	(i) labelling, blaming, judging	<p>(i) a) 'Well it made me start thinking there was something in me that was making, made, [inaudible] you know. Every time I tried to have a relationship or something, I always ended up being [inaudible, followed by interviewer saying 'what?'] you know somebody being violent. I just thought, I was just paranoid that nobody knew again because I thought people would think Oh my God, you know, she's like a walking disaster area. I didn't want me mum to know. Me mum had never been able to accept what had happened like when I was a child. I thought if I could pretend it never happened it wouldn't matter like, you know nobody, if nobody knew ... I could just go on as if it was, everything was normal.' b) 'Well, I've always, I've always thought if I told somebody everything what had happened, everything like, they'll just think I must, there must be something the matter with me. Just seems so, you know, somebody can have so many of these things happening, you know. Some people go through life and they have nothing don't they? I seem to go from one to the other. [So it sounds like you feel that if you told people about the rape that they would have thought it was something to do</p>

	(ii) lack interest/attention	<p>with you rather than something more, that done to you?] Yeah.' c) 'I didn't want, I was horrified about anybody finding out. ... At the time I found it easier just to pretend it never happened ... and make everything look normal, in front of everybody, although I mean it wasn't normal but, I was paranoid about, making sure that everybody thought it was, I was, that nothing had happened and I'd never been there.'</p> <p>(ii) a) 'I think people expect me just to carry on ... you know, put it aside'. b) 'I think my friends are a bit panicky in case I start talking about it again. They don't like, you know. So, I don't talk, I don't talk to any of them now about anything. It's a bit embarrassing really. Sometimes I wish I hadn't told them.' c) 'I'd have liked one of them to at least you know, to be able to talk to, bring it up again like. But I don't feel as if I can do that. I think people expect me just to carry on ... you know, put it aside'.</p>
17	(i) positive response	<p>(i) a) unsure, bordering on positive: '... People I work with now... I'm not sure about um because they've only known me 7 years in that job. They didn't know my husband, they don't know my history and ...there may be speculation, I, I don't know, um, hopefully they've known me long enough to know the kind of person I am. But they never had the background knowledge, so I don't know. [So you're not sure how they would respond?] No.' b) Concern with possible judgement but optimistic: '... Still I expect them to respond with shock ... but hopefully not to judge too harshly. And to try and understand'.</p>
18	(i) labelling, blaming, judging	<p>(i) a) 'Er, I would think a lot of people, a lot of fairly shallow people, well I say shallow people who are close friends of mine, would probably say oh your stupid you shouldn't have had it done, things like that. I think that's the way they would have reacted.' b) 'Er, well the ordinary person I wouldn't really have tell them I think they would respond in the way I've just described. You know, why did you have it done, that's stupid, I'd never have that done'.</p>
19	<p>(i) labelling, blaming, judging</p> <p>(ii) lack of interest/ attention</p> <p>(iii) pointless</p>	<p>(i) a) 'Um, I tend to sort of keep things to myself and you know, I've never been in that sort of situation sort of telling other people my business sort of thing, you know. Um, so I mean from that point of view I didn't really want to tell anybody, um, in case they got sort of an impression of me sort of thing, you know. [So what sort of impression would you be concerned about?] Um, well I've always been quite a strong person, sort of strong minded and quite sort of, um self-de-, you know sort of self reliant, um, and I just didn't people to think I was perhaps weak and sort of er, insecure or, um a bit soft sort of thing, you know.' b) 'I mean really I've kept, kept everything to myself. Perhaps through fear of being embarrassed or sort of laughed at'</p> <p>(ii) 'Um, well the thing is I mean it all happened so long ago I mean they probably wouldn't be that bothered. Um. [What the divorce?] Yeah, oh, if I told them now? Oh I don't think they'd be that interested to be honest with you, um, as I say as far as they're concerned I mean, that's its all over and done with like, you know. Everything's been finalised and that's it, you know.</p> <p>(iii) 'Um, well it's all over and done with now, so, um, it doesn't make much sense sort of resurrecting the past, um, I don't see it sort of serves any purpose. Um, I think you should perhaps let sleeping dogs lie'.</p>
20		

APPENDIX 18

SELF-RELATED FACTORS ASSOCIATED WITH NON-DISCLOSURE

P	CODE	MATERIAL FROM INTERVIEW
1	(i) shame and self-conscious emotions (ii) inability to justify own feelings	(i) a) 'I suppose it's because I'm ashamed and embarrassed and I didn't want people to enlarge on it. I wanted them just to think it and forget it. If I'd have talked about it they would have dwelt on it and may be watching me closer. You know what I mean? And I'd have felt as if they were watching, me waiting for me to do it again.' (ii) a) '... when I went through my depressions I wanted a broken leg, or I wanted a heart attack, or I wanted to break out in a rash, so that people would know there was something wrong with me. You know because people just don't know. You can't explain to people how you feel about that'.
2	(i) shame and self-conscious emotions (ii) reluctance to experience unpleasant emotions/memories	(i) a) 'I always think that they wouldn't believe it, they wouldn't understand. Um, they probably think it was my fault, you know, just playing up as a girl. I would feel ashamed, I would feel ashamed telling people'. b) 'Well, it was just recently, um, my family have started talking about it, but I don't like talking about it. I don't know why we've suddenly started to but we have. Like I've got three other sisters and a brother. Um, but that's why I feel ashamed I don't wanna talk about it. I don't wanna hear.' (ii) a) 'Because to hear it makes it real and I'm too good at burying things to make them become real'. b) 'Because it makes me feel like I do now. I feel quite sick now.' c) 'I panic and I get too involved and it all comes out and just flashes. I can see everything. My worst part of me is I've got such a good memory. d) Re one friend: 'I have spoken to her in the past about certain things, um, but then I tend to move away from it as it gets too painful.'
3		
4		
5	(i) shame and self-conscious emotions	(i) 'Because I felt so ashamed and people feel disgusted and and reviled by that. As much as I do my self. I wouldn't ever, ever take that chance. I couldn't.'
6	(i) shame and self-conscious emotions (ii) rejection own feelings	(i) a) 'there are some feelings which I don't express that well, probably because I feel ashamed to express them' b) 'Very nervous, very unsure of myself, unable to, you know I'd know what I want to say but I wouldn't be able to string it together cos I didn't know if my voice would shake and I wouldn't get it out and then I would look really weak because I didn't want to appear weak because I felt weak.' c) 'Yeah ... yes I suppose in a, yes, I ... I would cringe at what people might think, whether what they would be thinking was a shameful thing'. (ii) see (i) a).
7	(i) reluctance to experience unpleasant emotions/memories	(i) P did not tell husband about abuse for some time: 'I didn't tell him straight away about my sister because I just couldn't, I mean, it's like you, you're having to face something in your mind that, you know to talk about it, you're sort of making it more real. ... I didn't tell him for, I think, about two or three years'.
8	(i) inability to justify own feelings	(i) 'it would be more explaining to them, you know. And at the end of the day, you can sit here, anybody can sit here and ask me why it happens and I don't know. So it would be frustrating'.
9	(i) cause of shame and other self-conscious emotions (ii) inability to justify own feelings (iii) reluctance to experience unpleasant emotions/memories	(i) a) 'So a sense of shame has come in and in fact I never tell anybody that I, it may seem, I never tell people that I went there now' b) 'I'd always tell them about ___ college, but not about the first, cos it just makes me feel a fool and it also, ... I suppose it just dredges up all these feelings of inadequacy'. (ii) 'Maybe it's because I ... it might be that way round, that I can't really work out what it was like and therefore I don't want to talk about it because I can't um, find the language that actually um expresses what it was, I don't know, I don't know really. (iii) a) 'you're admitting a lot aren't you if you ... you kind of ... it reinforces for a while your feelings of inadequacy to go and admit there's a problem, it sort of um makes it harder, even if it eventually helps, it's hard to admit a problem to begin with.' b) 'there was a feeling that getting in contact with that will only meet, meet with negative feelings of depression or whatever, and

		you, you, it's just you know opening old wounds sort of thing'. c) it's bringing up the incompetence thing again, that thing of you know feeling not ... that you're a bit of a fool or you're incompetent or whatever, and um, I suppose it simply one doesn't want to dwell on that it'.
10	(i) cause of shame and other self-conscious emotions	(i) '[Can you say why you chose to keep it to yourself?] That's it, shame. [Right. That's where the shame came in]. Or embarrassment, yeah'.
11	<p>(i) cause of shame and other self-conscious emotions</p> <p>(ii) out of character</p> <p>(iii) inability to justify own feelings</p> <p>(iv) reluctance to experience unpleasant emotions/memories</p>	<p>(i) a) 'Um, I don't know, its just something that I wouldn't talk about to anyone normally, cos its, I don't know. Its this thing about shock on someone's face, or ... just ... I don't know, whether it ... for some reason ... um, if your like actually ashamed, you know using your word but, shamed in the sense that there so-, you know, this actually happened and you know you don't want to say it to anyone, you know.' b) '[Does the shame part of it maybe stop you sort of sharing important things about your experience and your feelings and stuff?] Oh yes because I never wanted anyone to find out. And I thought well, if we ever get into a conversation what am I going to say, you know. I thought no I can't have this. So. I'm running away. [Laughs]. I think that's what it was, yeah'.</p> <p>(ii) a) The importance of being 'strong': 'I think I was, I always wanted to feel a very s, you know determined character as you said, I wanted to try and sort of like, you know that a strong character, and by talking to anybody and by doing, by saying this it's like saying well I'm not very strong, you know'. b) '[What would you have expected if you had spoken to somebody about it, what do you think would have ... if you can think back into how you felt then?] I think the fact that they were getting to know me a bit, they were getting to know my family life, you know, or ... and I didn't want that either, I just wanted them to know me, you know, I'm happy, I'm fine, but I was ... you know, so, that's why'.</p> <p>(iii) 'it's just something a mother and a father, you never hear of that, I think that's what it is.'</p> <p>(iv) 'I don't, I, I think I just I wanted it to go away. I just, I thought by talking to people and stuff like that it would come back to me and I didn't want that. You know, I just thought, you know, I don't want anyone to know, I don't want to talk about it, I'm perfectly fine, and I'm fine, that was it you know, I didn't ... yeah.'</p>
12	<p>(i) cause of shame and other self-conscious emotions</p> <p>(ii) out of character</p> <p>(iii) inability to justify own feelings</p> <p>(iv) reluctance to experience unpleasant emotions/memories</p>	<p>(i) 'And also ... even if I had someone to talk to, I couldn't talk because I felt I'd done wrong ... and I was ashamed. I was ashamed for letting it happen and I was ashamed for having an abortion. Everything.'</p> <p>(ii) 'I think they would be shocked, um ... because I tend to keep the appearance [sigh] as if I'm in control. I'm not'.</p> <p>(iii) a) 'I thought that something was wrong with me because I never heard of things like that, I never heard of anybody having an abortion, and I never heard, you know. Everybody seemed ...happy and everything was in place around me, and er, people don't talk about things like that.' b) 'It's just not done, is it? Not ... done thing to.'</p> <p>(iv) 'It's just not done, is it? Not ... done thing to. It's like opening the wounds and at the end of it er I would still feel the same and I might upset somebody'.</p>
13	<p>(i) inability to justify own feelings</p> <p>(ii) other</p>	<p>(i) a) 'I wouldn't know how to go about telling people, I don't think they would believe me'. b) 'Well I wouldn't know how to go about telling people, I wouldn't know how to put the correct words in my mouth um for them to understand. It's all something, you know ... But I suppose lots of people have these traumas, as a child, as children and not be able to talk about them. They wouldn't know how to put them across at all'.</p> <p>(ii) 'Cos I, I'm meant to get on with my life, you know, not think about it all the time. You can't go on thinking about things like that all the time now'.</p>
14	(i) cause of shame and self-conscious emotions	(i) '... This is quite difficult. I think it it was something I didn't understand and perhaps that's where shame came in, that I didn't understand it. And ... it was like hiding it, or making it a secret, like locking it away.'
15	(i) cause of shame and self-conscious emotions	(i) a) 'Um, and the shame afterwards, that's why I never told anybody, I just wanted to put it out the back of my head, I never told anybody for years. You

	(ii) reluctance to experience unpleasant emotions/memories	<p>know, I never mentioned it to anybody. So I, I lived with the shame for a long time'. b) '[can you say why you chose to keep it to yourself?] Shame. [Shame. OK.] I was trying to ... pretend it didn't happen I suppose and that was my way of not telling anybody, I thought if I didn't tell anybody and I didn't think about it or try not to think about it even though I did and I was having nightmares, um, you, you it was my way of dealing with it and my way of thinking well it didn't happen it was just a nightmare you know. Push it to one side, I mean, it'll get blocked away in a little room up in your head and it will stay there. Um, and if you didn't talk about it then it wouldn't come out.'</p> <p>(ii) a) 'I thought if I didn't tell anybody and I didn't think about it or try not to think about it even though I did and I was having nightmares, um, you, you it was my way of dealing with it and my way of thinking well it didn't happen it was just a nightmare you know. Push it to one side, I mean, it'll get blocked away in a little room up in your head and it will stay there. Um, and if you didn't talk about it then it wouldn't come out.' b) 'you want to forget it, you want it to be buried, you want it to go away so you can get on with your life, forget about it, so, no you don't want to talk about it because you just want it to be gone. Not, not so much pretend that it didn't happen, but you just want to go on with, get on with your life and just, that's another experience that you've had, push it to one side'.</p>
16	(i) cause of shame and self-conscious emotions	(i) '[So when you, you know not telling anyone, was that because you felt guilty or because you felt ashamed to tell anybody?] Well I felt, yeah, I just felt ashamed of it, because I mean you know I thought everybody would just say I asked for it. You know, I should never have gone in. I couldn't believe it. Just all happened so quick, you know, and this it was like one minute he was alright and the next he was a raving nut case.'
17	(i) cause of shame and self-conscious emotions	(i) 'that's something that brings shame in the respect that you can't speak about it. If people say to me, they automatically presume you're divorced, which I never said, I've always said no I'm not I'm a widow, um, but if people ask oh I'm sorry how did he die, I automatically say, oh it was a car accident, um, and not go into it. Um, because you can see the horror. Therefore it's best not to say anything.'
18		
19	<p>(i) cause of shame and self-conscious emotions</p> <p>(ii) out of character</p>	<p>(i) Embarrassment: 'I mean really I've kept, kept everything to myself. Perhaps through fear of being embarrassed or sort of laughed at.' (Excluded from percentage because embarrassment not shame).</p> <p>(ii) 'well I've always been quite a strong person, sort of strong minded and quite sort of, um self-de-, you know sort of self reliant, um, and I just didn't people to think I was perhaps weak and sort of er, insecure or, um a bit soft sort of thing'.</p>

APPENDIX 19 **THEMES ASSOCIATED WITH THE BROADER CONTEXT OF** **EMOTIONAL ISOLATION**

P	CODE	MATERIAL FROM INTERVIEWS
1	(i) difference/marginalisation	(i) 'I thought it's not fair, why should it be me. Other people don't [inaudible] it's only me.'
	(ii) negative identity	(ii) a) 'It gives me an inferiority complex. I feel inferior. [inaudible] That's the main thing I think, feel inferior. I feel angry as well. Like we've just said in the last question that people seem to be able to go through their lives with no hang-ups and I can't do what I want to do. So jealousy.' b) 'Inferior. Feel inferior. Childish, childish. I think that's about it.' c) 'I could have a better future if it wasn't for that. I know I definitely could because I could change my job [coughs] which would mean I'd get more money, which means I could get everything I want which means I could have a better future. Um, I'd be self-satisfied; I'd be a different person. I'd be the person I want to be.'
	(iii) diminished social involvement	(iii) experience related to a tendency to avoid situations where she might be scrutinised by others: a) 'I couldn't sit in a room with a lot of people in case a person spoke to me and everybody focused their attention on to me'. b) Prefers socialising in dimly lit places (bars, discos). Won't go line dancing with daughter. c) Work: as cleaner 'I'm alright because I can say, I must get on, and go when I feel the need to go. I would love to change my job, but because I'm too frightened to do it....' d) aspirations: would like to go to college 'Things like this really interest me, so I'd love to do something like that. But I haven't got the confidence to do it, because of blushing'. e) recreation: ('my daughter keeps asking me to go line dancing, but I think, no I daren't, because if I made a mistake I'm going to be embarrassed and go red, and... I mean for a ___ year old woman it's a silly thing to do. You can get away with it when you're a young girl and when you're a teenager, a forty nine year old woman, you know, you really should be able to control yourself a little doing that. So there again, <i>shame!</i> Shame- [You feel shame?] That I can't control it'. f) Generally: 'no end of things. [cough] I could go on for ever' (in answer to question 'do you think that the experience of shame led you to avoid certain kinds of situation which might otherwise have been upsetting?'). Supports this by recalling another incident in which she became embarrassed as a child.
	(iv) lack of confidence	(iv) a) P would like to go to college 'Things like this really interest me, so I'd love to do something like that. But I haven't got the confidence to do it, because of blushing'. b) 'I've always been a blusher. And that has been the bane of my life, it has. If somebody could give me a pill to stop that I would change completely, I would be a different person. 'Cos I've got all this confidence inside me, but, the lack of confidence shows on the outside, do you know what I mean? I could cover it up quite well. It's lack of confidence. If it wasn't for the blushing giving me away. And I could have done a lot better and gone a lot further, I know I could, if I didn't blush and give myself away. So, that has always been the bane of my life'.
2	(i) difference/marginalisation	(i) 'at the time it seemed the norm, but now obviously that I've grown up and met different people I know it's not and I feel ashamed because we were very poor. I mean my father was rich but we were very poor. We didn't have proper clothes, we didn't have, we didn't know how to eat properly because we didn't have much food, it's lots of things. I didn't have any social graces or anything like that and I felt ashamed. I just felt ashamed of being me basically, just felt worthless, you know, and other people talk about, you know, things they'd get for their birthday, or things that their mum and dad used to do with them and talk about, and that never happened with us and I felt ashamed because of that I suppose.'
	(ii) negative identity	(ii) a) P says 'I always felt I was stupid' b) 'Um, it highlights that I feel useless. Um, it highlights, I just don't think there is any good in me or I don't think I <i>am</i> any good. Um, yeah, it does highlight [?] feelings'. c) 'I mean it changed my life, I mean confidence wise. I don't feel a real person [long pause]. It's difficult to explain. I don't feel, I don't feel that I should be worth living, I don't feel [pause]. How to explain it? I don't like the sound of my own name being called. I don't like looking in a mirror at myself. I find it hard to accept compliments. I find it hard that somebody can care for me. And I think, I think that that's due to that. Does that make sense?'
	(iii) concealment/masking	(iii) 'the only way I can think it makes me deceitful is [pause] is that they don't see my true personality because I don't, I just, you know, switch off. Put

	<p>(iv) diminished social involvement</p> <p>(v) lack of confidence</p>	<p>a smile and just change the subject'.</p> <p>(iv) P talks about a long-term pattern of social avoidance and isolation starting when she was a child: 'I was very, I think I was a very nervous child. I mean I would never, I didn't like being in groups. I didn't like being in enclosed places either. And I wasn't very good at communicating so I didn't go out with friends very much especially when I started [job] I kept my distance. Um, again I think it's the confidence part. I never felt as good as them. Always felt that I was stupid.'</p> <p>(v) a) 'I was very, I think I was a very nervous child. I mean I would never, I didn't like being in groups. I didn't like being in enclosed places either. And I wasn't very good at communicating so I didn't go out with friends very much especially when I started nursing I kept my distance. Um, again I think it's the confidence part. I never felt as good as them. Always felt that I was stupid'. b) 'I think it's ruined my life completely. Um, I think, you know, my childhood was not very nice in many ways, um, because of that it has ruined my adult life. It's made me more of [inaudible] and I should have been stronger. Um, it's definitely made me have very, very low confidence.' c) 'I mean it changed my life, I mean confidence wise. I don't feel a real person [long pause]. It's difficult to explain. I don't feel, I don't feel that I should be worth living, I don't feel [pause]. How to explain it? I don't like the sound of my own name being called. I don't like looking in a mirror at myself. I find it hard to accept compliments. I find it hard that somebody can care for me. And I think, I think that that's due to that. Does that make sense?'</p>
3	<p>(i) difference/marginalisation</p> <p>(ii) negative identity</p> <p>(iii) concealment/masking</p> <p>(iv) diminished social involvement</p> <p>(v) relationship difficulties</p>	<p>(i) a) 'I think she's got everything she wants. She's got a lovely family, she's got a loving husband. Why haven't I got that? You know, everyone's so lucky.' b) 'I felt unwanted. Um, I felt that there's no point in going on because I couldn't have what I wanted in life. I hadn't got a, hadn't got a partner. Um, nobody seemed to listen to what I, what I was saying, living on my own, I just couldn't cope' c) 'I feel I'm ugly, nobody wants me and I haven't got, I can't give people what they want. I mean most people can just have a partner and have a baby like that. There's something wrong with me, I know there is. I can't have a b-, I can't have children naturally. So, yes.'</p> <p>(ii) a) 'It makes me think that I definitely am a really horrible and an ugly person and that I have been for years and that's why I'm still as I am. Yes'. b) 'I feel I'm ugly, nobody wants me and I haven't got, I can't give people what they want. I mean most people can just have a partner and have a baby like that. There's something wrong with me, I know there is. I can't have a b-, I can't have children naturally. So, yes.'</p> <p>(iii) a) 'Yeah, because normally they say I'm a happy-go-lucky person, but it isn't, it's a front. When it's deep down it's like I'm very unhappy and very don't want to do anything. And that's the side, sort of most people don't see of me. Because when people come round I put on a different front, I try to be happy and there's times they're gonna get me when I'm not and they're gonna wonder why. That's the real me.' b) 'Um, yeah, I mean you hide your feelings. You don't even let people know that you're feeling, you try to hide your feelings and you try to hide that, you know, you've been just overeating and got a problem. You try to hid them. Then when people go when they say they'll call round, they stay a few minutes, when they go um, you're back to your normal self. You're down and you're looking at the clock and you're looking at the fridge and they catch you unawares.'</p> <p>(iv) a) 'I mean, um, I love to um, to do drama and do pantos but in the last few years I mean I nearly backed out of one last year, I'm normally excited and thrilling and wanting to go. Now I, I can't be bothered. I mean if I could stay in bed all day, I'd do it. I don't even like shopping. I feel everybody's looking at me when I'm in the shop. I can't even, you know a simple thing like going and pick a bag of soap powder and I'm like, no, no, someone else go for me. You know even the little girl down the road 'go on go shop for me quick' [inaudible].' b) P says that the experience she recounted has not changed her recurring pattern of social withdrawal: 'And I go to bed. I shut off - I'm quite abusive to people when I'm on the phone. That hasn't changed me. My friends know I'm like that and they just don't bother ringing when I'm like that, cos nothing they can say will make me get up and go out, cos I won't do it and I can end up saying of for god's sake leave me and shut up and I'll put the phone down'.</p> <p>(v) a) P says that thinking about the incident makes her 'very difficult'. b) Seems to give up on the goal of getting others to like her. 'Yeah. I don't think people do like me. I just don't think they do.' ... 'I give up trying. Yes.'</p>

4	<p>(i) difference/marginalisation</p> <p>(ii) values</p> <p>(iii) concealment/masking</p> <p>(iv) diminished social involvement</p>	<p>(i) 'I wanted to tell somebody in my own family so that I could feel a bit comfortable at home. It's like lead-, it's like, it's like um, I'm leading a double life and I'm acting, you know, which I don't want to do'.</p> <p>(ii) 'like homosexuality especially in our community its like you know its a sin'</p> <p>(iii) 'I wanted to tell somebody in my own family so that I could feel a bit comfortable at home. It's like lead-, it's like, it's like um, I'm leading a double life and I'm acting, you know, which I don't want to do'.</p> <p>(iv) '[Sigh]. Like my social life. Um I won't go out to weddings with my parents, family weddings. I don't like to cos I feel out of place because um I'm not, I'm not able to enjoy myself how I want to.'</p>
5	<p>(i) negative identity</p> <p>(ii) concealment/masking</p> <p>(iii) relationship difficulties</p>	<p>(i) a) 'I think it started to make me feel as if I was worthless, not really worth much at all. So, you know, I've never held down a job at all. I generally thought I was no good in any case. First marriage broke up. This one looks as though it's going the same way'. b) 'I should say 88% of the time I feel I am quite worthless. I've no prospects, no future, I haven't really done much. That was the whole idea really I suppose of me doing this voluntary thing at _____ because I would, I could say to myself look what you're doing, you're doing something good. But when I think about all the other things it seems to knock that on the head straight away.' c) P says he is 'Sick about myself. The way my whole life's gone in any case since ... Sometimes I think it's like God's retribution on me, and maybe that's why I'm being punished now by all the things that are happening, even in my own family at the moment'.</p> <p>(ii) a) 'Well people don't know, so their attitudes or opinions of me are only what I want to project to them.' b) 'New people? It's always the same with everybody really so the questions seem to me a bit academic because I, like I've told you I project what I think people want to see, because people don't want. My vicar told me once that people don't want to see a sad face. They only want to see somebody who's cheerful. And I think that's true. People don't really want to know you if you...' c) 'Yeah I suppose so because, I haven't got much, I try to make out I've absolutely got tons of self-confidence and all this crap but nobody really knows me. And I haven't. I'm very good at projecting a different type of person to other people. I've learnt. I mean I work [inaudible] I told you [workplace]. They don't really know what I'm like, they only see what I project to them, what I want to project to them. Because I don't want them really to know me. Because they're [slight laugh] they're snobs, I don't mean it. I have to be careful, I don't want them to talk down to me. So I try very hard to be 'intellectual'. More accepted.'</p> <p>(iii) a) 'People sometimes don't know how to take me because I tend to be an outwardly trying to joke and smile. And then when I do get a day where I just can't no matter how hard I try I can't get to be like that they think 'Ooh God what sort...' They don't want to know me. [And that happens after you've thought about it?] Yeah. [OK. So does that make you a lot more difficult with other people do you think?] I suppose it makes it a lot more difficult round people because they only see that side of me and the side they like. It's the same really with my wife you know. Sometimes she keeps saying what's the matter with you? You're not speaking. What's the matter with you? [Inaudible] I'm just saying oh shut up, leave me alone.' b) P also puts more demands on his relationship: 'More demands on my relationship because I've got to be positive that they do really care about me.'</p>
6	<p>(i) difference/marginalisation</p> <p>(ii) negative identity</p> <p>(iii) diminished social involvement</p>	<p>(i) 'I also felt ashamed that because a lot of the staff were women, I was the only male there, that I felt that they were all sort of gossiping about me and I was in isolation, I'd been marginalised by it all and I felt ashamed about my behaviour, you know, them thinking I was weak and like...'</p> <p>(ii) 'talking about whether the memory highlights any beliefs or ideas about himself: 'I suppose in some ways that I'm unlikeable in some ways maybe'.</p> <p>(iii) 'I changed job. I mean it was the biggest um overbearing factor of the move so I decided to move on, so I've got to change this, and yeah, absolutely'.</p>
7	<p>(i) difference/marginalisation</p> <p>(ii) diminished social involvement</p>	<p>(i) 'I've always felt a very strong sense of ostracisation because my family were poor, because we were Christian, bible bashers, holy Joes [laughs].'</p> <p>(ii) a) P describes how as a result of the experience she feels she has lost God and Jesus: 'So my life changed and my faith, I lost God, I couldn't find him. I couldn't find where he was, I still can't, although, I can but he's different to</p>

		<p>what I thought, so perhaps that's not true and it's been a good discovery. I've lost the person who was closest to me, if this is any hassle to any one I'm sorry but it's the truth, mentally and emotionally which is Jesus. He was a person to me and my friend, mm, from 9 years old. I still can't find him because at one point I realised he was male, so I just, I suppose, I've shut myself off to him somehow, so, um, it's affected me every way.' b) P describes how it destroyed the trust she had felt for her parents, and people in general: 'I felt I could go and murder my parents, which was a horrifying thing to feel, um, they were the only people I trusted, I, we didn't realise, well that's a weird thing to say because I was totally trusting I think from the age of about 19 to [date of re-remembering abuse], totally trusting and then I suddenly went right the other way, I didn't trust anybody and I still don't'. c) Left her church: 'The most immediate effect it had was that I left the Church.' This was 'cataclysmic' for her. d) After the way she was treated by her church she became very suspicious of authority figures 'you see if you've been abused by authority, an authority figure, you think, I used to think doctors, people, anybody who was professional, even the mental health services as well – I'm wary of them for their own sake – because I have experienced the wrong attitudes, people are human I know but it makes you wary ... you're very vulnerable where authority is concerned ... you tend to take what comes rather than coming against it.'</p>
8	<p>(i) negative identity</p> <p>(ii) diminished social involvement</p>	<p>(i) 'Really I just felt totally used, washed up and useless burnt out, clapped out and I didn't know what I was going to do next'.</p> <p>(ii) a) P was unable to return to work after suffering the traumatic experience he described: 'I just blew, I just had to get out of there, it was almost choking me, it was almost claustrophobic'. b) Avoids contact with people from work: 'several people have phone me at work, obviously they've got to keep a monitor if you've got a sick file, but I just couldn't face them, I really didn't want to see them, and I didn't want them in my house'.</p>
9	<p>(i) difference/marginalisation</p> <p>(ii) values</p> <p>(iii) negative identity</p>	<p>(i) a) '... and a sense of being, not fitting in with situations, being a bit of an oddity as well, being a bit, an outsider, that sort of feeling.' b) 'there was a feeling of, socially feeling inadequate and also feeling a bit incompetent'. c) 'Yeah, def-, definitely ideas about ... not very good at making decisions, that kind of, well, or not very good at finding out um, not being able somehow to fit in very easily, find an environment that suits me, especially that one actually, being a bit of an outsider, yeah. Um, not getting on terribly easily with people. Um, and the thing about giving up something at the moment of success or, you know, just stopping short of ... of the um, of the final goal sort of thing. And not, sort of almost not reaping the rewards of having done the work which I think is something that hap-, I have failed to do quite often and not somehow being able to believe that something could work for me, yes. So, all those are things I do, I think some of them are true, and that, and that situation highlights it, yes.'</p> <p>(ii) a) 'I can sense that, I can see that it's a bit odd really that I feel, I want to hide something that isn't really such a bad skeleton in the cupboard, objectively, and yet I do. Perhaps it's simply that I ... I don't know, put a lot of ... put a lot of emphasis on wanting to appear together, you know or something and don't want to admit that there is a messier side or something like that, and just put ... I suppose that begs the question, why do I, but maybe I just do, you know. I think I come from certainly the sort of background where it's not easy to admit failure, or not, you know, and it's part of admitting failure or, certainly to, to um discuss that time of my life'. b) 'It has become less important, and I can see that there's an alternative way of looking at it, but I am still very ambivalent' 'there's a sneaking suspicion that those values ... of um, success and achievement and things that they actually do matter to me and although I can see that there are plenty of alternative ways of being, of um leading a life, you know, I'm not, I think part of the problem is I haven't developed a complete alternative way of seeing things so it's still confused in a sense that I ... You know, conventional ambition, I'm quite critical of it but I don't know really whether that's something, that may well simply be a defence mechanism or largely a defence mechanism just to, to protect my, you know, because really ... I think I do ... I don't know, I think I'm still hooked into that achievement thing. Yeah.' c) 'I have actually become more critical, yes I've become more critical of, of conventional values I suppose yes.'</p> <p>(iii) a) 'But that decision right back then about leaving _____, it feels as if it set a pattern, or maybe it set a pattern if, it partly set a pattern for feeling, um, oh I've lost my thread a bit [sighs]. It's sort of like you know a Shakespearean tragedy where there's a tragic flaw and then everything goes wrong from then on in the hero, you know, there's something wrong with the person, there's</p>

		<p>something about them that doesn't work and everything goes wrong as a result of that and ... it's almost as if I sometimes feel from, after that decision at _____ nothing else can go right, you know, nothing can quite ever recover so in that sense it's altered my life.' b) 'yeah certainly there was a feeling of, socially feeling inadequate and also feeling a bit incompetent and that is still very much with me at times'.</p> <p>(iv) The experience highlights for P his difficulty of 'not fitting in': a) P felt subsequent to the experience that 'I'd got into a pattern of failure by then, or of, well you know, not exactly failure but not fitting in anyway.' b) P describes the negative aspects of the experience: 'the sense of isolation and cutting myself off from people that was involved was harmful, and the sense of dislocation or sort of um, changing my situation so much so suddenly.' c) P talking about the beliefs highlighted by the memory: 'Yeah, def-, definitely ideas about ... not very good at making decisions, that kind of, well, or not very good at finding out um, not being able somehow to fit in very easily, find an environment that suits me, especially that one actually, being a bit of an outsider, yeah. Um, not getting on terribly easily with people.'</p> <p>(v) 'I'd have thought it's just a tendency anyway in me, not to, not to quite believe in myself, at the last minute I've stopped believing in myself, you know what I mean. It's sort of a confidence thing.'</p>
10	<p>(iv) diminished social involvement</p> <p>(v) lack of confidence</p>	
	<p>(i) difference/marginalisation</p> <p>(ii) values</p> <p>(iii) negative identity</p> <p>(iv) concealment/masking</p> <p>(v) diminished social involvement</p>	<p>(i) a) 'er ... I don't know I suppose I grew up with thinking that um, the world doesn't like me and I'm not very particularly keen on the rest of the world if you like.' b) 'The, the what happened and other incidents around it, have um tended to imprint this insular attitude if you like and um no amount of at the moment looking at it is going to make me more open or, or um it only goes to reinforce the subconscious if you like um that the less people know, then the less they can do. You, you tend to get inside your skin if you like to get at you, so you keep up that, that veneer, that barrier.'</p> <p>(ii) 'having experienced the world for another 30 odd years, um, you realise that um the embarrassment and the guilt that you felt was because a) of your age and b) of your background experience and so that you could um, if I went back to that situation with the knowledge I have now, I would have literally not, a) either have laughed it off or b) walked away or told them to shut up or...'</p> <p>(iii) a) 'in here you lack within yourself if you like, um confidence but also I think at the same time respect for yourself if that's not too difficult a thing to understand. You, how you perceive others seeing you, you know, and um how they will translate your um communications, your words, your thoughts into an assessment of you, yeah. Um and you always assume it to be at the bottom end of any scale. Yeah. You are not thought of as, what's the word to use [sighs] ... Worthy?' b) 'It doesn't suppress your ability to think, but it will restrict actions and um outlooks I suppose. You don't expect to er get on to do any good, to do well'. c) 'It probably lowers your self-appreciation, yeah. [Yes]. It makes you ... um aware that you could be easily embarrassed again or er made a fool of again and um that because it was a bad experience you're going to avoid it re-occurring yeah, and it's probably, although you're not thinking that, it's there in the sub-conscious so you try and avoid situations or, or get away from situations as quickly as you can'. d) 'It demeans your outlooks [It demeans?] Your outlooks. You don't believe, er self belief is very um suppressed, you er, this is one of the things that brings the depression on. You are um you are unable to break away, no, no er, it suppresses self confidence and um belief in yourself. So therefore without those two things you can't commit yourself to er, to saying that look, I'm stuck, I'm at a dead end. Um, alright let's change course. You are inhibited, you're too frightened to change because you've established a pattern that, as I've said earlier, you're in the mire but it's warm, you know and you're going to stay there because um it doesn't matter what you have got, you don't think you've got or you don't see how it's going to be able to be of use for you to, to change'.</p> <p>(iv) 'The, the what happened and other incidents around it, have um tended to imprint this insular attitude if you like and um no amount of at the moment looking at it is going to make me more open or, or um it only goes to reinforce the subconscious if you like um that the less people know, then the less they can do. You, you tend to get inside your skin if you like to get at you, so you keep up that, that veneer, that barrier.'</p> <p>(v) a) 'it all went to this um keeping yourself to yourself, withdrawal if you like, it's difficult to explain. So many things can go through your head when you think back, and you don't know ... at particular incidents where you could just say well that's when, you, from there you um ... were greater or</p>

		<p>lesser the um, I use the word introvert if you like um, contained um.' (b) 'Has it had any great effect? Probably the answer to that is yes, definitely. Um, how to describe it? Um .. I have a fear or dread of going in to strange situations, even going to secondary school and first going into college in ___ um ... having done an anxiety course just, just recently, you can now sort of say that the upset stomachs and you know the, you know this, was caused by, I call it stress or the anxiety of going into a situation where there's a large number of people that you know nothing of and how they're going to react to you, yeah. Um with, mind you expect from past experience ridicule and derision.' (c) 'I think it made me very wary of um ... certainly talking to the opposite sex. Um, and um very wary of showing your feelings.' (d) 'you don't want to get um, like I said earlier, you don't want to be put on the spot light, you don't want to be um the target of ridicule so therefore you don't get into situations where you might make yourself a target, yeah.' (e) 'Um ... highlight, make me aware of, yes it does, um, that, you've got to avoid situations where you're going to be put on the spot, and embarrassed um and again it's because they can't get at you if you insulate yourself from them. Yeah, you put a barrier up between, you and people.' f) Link between this pattern and diminished self-respect: 'It probably lowers your self-appreciation, yeah. [Yes]. It makes you ... um aware that you could be easily embarrassed again or er made a fool of again and um that because it was a bad experience you're going to avoid it re-occurring yeah, and it's probably, although you're not thinking that, it's there in the sub-conscious so you try and avoid situations or, or get away from situations as quickly as you can'.</p>
	(vi) lack of confidence	(vi) 'in here you lack within yourself if you like, um confidence but also I think at the same time respect for yourself if that's not too difficult a thing to understand. You, how you perceive others seeing you, you know, and um how they will translate your um communications, your words, your thoughts into an assessment of you, yeah. Um and you always assume it to be at the bottom end of any scale. Yeah. You are not thought of as, what's the word to use [sighs] ... Worthy?'
	(vii) relationship difficulties	(vii) a) 'Um (sighs) ridicule and being laughed at is a very degrading um ... I mean even mickey taking in a work situation or you know, whatever, you can be hurt and, there are other people were saying [?], you can be hurt and um in here, just, not physically but emotionally and um ... when you've been in one situation for a long time, you put a veneer on, you know, so that the scenario is if they think that they are upsetting you, if they're throwing you, you know, then it encourages them to do it a) more or b) again, yeah. If you put a veneer up that says I don't care, its water off a duck's back, is the old um way of putting it, the old saying. If you give the impression that you're not really bothered or you don't care, um then it reduces the level of attack if you like or being had a go at. And also you can, when you've been in situations for a long time, you can learn to retaliate verbally or even strike first and ridicule um, people that you know use it as a regular weapon and therefore deflect or put them off, you know, and this is an insulation, this is protection, you put a of veneer up, you put a wall up.' b) 'Um ... to avoid being judged ... um, well I've been um I don't take on board um other people's judgements of me, I've over a long time decided that if they don't like it they can lump it'. c) 'there are other things, um ... as part of a pattern that makes up me and why I don't communicate and or will not communicate, uh what makes me um withdrawn, um ... that makes me not react in situations. I mean my wife will get quite annoyed with me at times when she, you know she's got a bee in her bonnet or whatever and I will not take on board what she's saying. I do take it on board but I don't react, yeah. She says that I do it deliberately to wind her up, yeah. But um, perhaps subconsciously I do. But I know if I react then we're going to have a row and I don't want a row'.
11	(i) negative identity (?)	(i) a) P talks about her lack of confidence and how she feels what happened has prevented her personality from growing: 'I don't know whether it's like stopped my personality actually developing to the full maybe, I don't know. Maybe it's hindered in some way, in terms of lack of confidence'. b) She also talks about her fear of being put down by others: 'I don't look forward to anything cos I'm always afraid that I'm ... going to be put down sort of thing'. However she doesn't explicitly say that she feels badly about herself.
	(ii) concealment/masking	(ii) a) 'I think I was, I always wanted to feel a very s, you know determined character as you said, I wanted to try and sort of like, you know that a strong character, and by talking to anybody and by doing, by saying this it's like saying well I'm not very strong, you know'. b) '[What would you have expected if you had spoken to somebody about it, what do you think would have ... if you can think back into how you felt then?] I think the fact that they were getting to know me a bit, they were getting to know my family life, you know, or ... and I didn't want that either, I just wanted them to know me,

		<p>you know, I'm happy, I'm fine, but I was ... you know, so, that's why'. c) 'but I think that probably the reason why they are is because I've never talked to anybody about, I've never even ... and I always felt nobody knows me properly. And I remember like, nobody knows me, you know.' ... 'I feel a mystery to everyone'.</p> <p>(iii) a) 'I think quite ... quite a lot of the time I mean there was like you know um you don't give people a chance. Oh well, you know if they've said that well I don't want, you know and they're alright they're fine, or if they do something that's ... I don't know. It's a bit ... I don't know. In terms of like with relationships, I've never ever been very um, I just, not very close with anyone ever. That's ... not until now. But I've never, I always said no, you know, that was it, I never ... [You didn't want to get emotionally close to anyone?] No never did, no. I'd just say Oh I'm fine, you know. Even if though I wanted to, I didn't want to [laughs].' b) 'I think it is quite harmful because you, I've got this, it's left me with a great sense of insecurity. And regardless of how insecure the other person is towards me or I mean secure [inaudible] what I've said, or you know, I'm still a very insecure person. I won't ... I won't tru, ... I won't trust anyone.'</p> <p>(vi) 'Yeah I think that could be, because I, I've always sort of got ... terr ... I'm very um not very confident at all and like um, I was al ... I didn't, you know I wasn't at all confident. And um, like my mum used to say why, and, and all this stuff, but even now I'm not very confident. I am confident in terms of like work and everything and if I've got to speak out I will, or, and stuff like that, I'm just, within myself, there's always something wrong, there's like, there's nothing ever right with me, you know, so. But I think I've also had many terrible mood swings, violent mood swings as well which have stopped now, but um at the time I thought you know I was probably a teenager or .. or whatever moods, but um, but then I think well maybe not, you know, cos of, you know, what I've been through or what I've seen, I just thought ooh I don't know, so. I think my um, through all what's happened to me, I think it has changed my um, or its, talking about personality. I don't know whether its like ... stopped my personality actually developing to the full maybe, I don't know. Maybe its hindered in some way, in terms of lack of confidence. But um, I don't know.'</p> <p>(vii) a) P says she can be very difficult when she has thought about incidents of the kind she described: 'Yeah, I have, I can be very difficult person to get on with at times, when, especially if I've got things like this on my mind, like, um, and if I'm thinking about an incident I can be quite difficult. [In what sort of ways?] Very abrupt, um ... very ... not, I mean ... not moody, or maybe not show that I'm moody, but I'm very abrupt, I'm not very easy to get on with, every, anything anybody says is snapped at, you know, is snapped at, you know, so, that's if I've thought about, I mean that didn't happen in the incident last week, but if I did tend to think about it for another like ten minutes or so or start pondering on ti, I'll, you know for the next couple of hours until something else has made me cheery, I'll be quite an abrupt person. Or I would want to stay on my own.' b) 'In terms of like with relationships, I've never ever been very um, I just, not very close with anyone ever'. c) Re disclosure: 'I have done actually because it came to the point where I had to. Um, because things were just getting really out of hand like, I just, I was very, I don't know, distant at times and I felt that he nee-, I wanted to speak to him about it and I felt he should know, really. And that's the first person I actually told, it wasn't actually about that, it was something else, um, you know because I felt he had to know.'</p>
12	<p>(i) difference/marginalisation</p> <p>(ii) values</p> <p>(iii) negative identity</p>	<p>(i) 'I just feel that I never had any preparation for life from my own parents ... any guidance or anything. And I tried to, hard to be loved and took care of, but er there were just so many obstacles. I feel from bad parents I walked into a family that's not better. They never accepted me, being foreign.'</p> <p>(ii) 'I know I shouldn't feel ashamed but um, you know I do feel ashamed and ... I feel that I let my ... my beliefs down, because I should have really stood for what I believe and what I wanted. But because of the age and life then that, I wouldn't say I was influenced, but being alone, I just was pushed into it.'</p> <p>(iii) a) P seems to have a sense of failure: 'Er ... Yes. I was ... brought up er with no knowledge about life or, um, sex experiences and um on coming here to England I had to prove that I would be able to look after myself without getting into any trouble, and um ... well I failed and I have let myself down, by putting myself in that situation'. (b) P says the situation changed how she thought about herself: 'How? [Sigh] ... I feel I'm not strong ... I feel I'm too emotional, I can express myself but there is nobody to express it...'</p>

	(iv) concealment/masking	(iv) 'I tend to keep the appearance [sigh] as if I'm in control. I'm not'.
13	(i) diminished social involvement	(i)) P says the experience was harmful: 'I think it was ... both negative and harmful, um, because going through school, you couldn't really talk about your father, you know. You always had this behind you and other girls' fathers had um a lot of money you know, and we weren't very well off at all really. Supposed to join your peers aren't you really?'
	(ii) lack of confidence	(ii) 'Um, I didn't have any confidence at school at all, confidence is the main thing.'
14	(i) difference/marginalisation	(i) a) 'Hard up, sorry, financially, um, but then again everything always seemed to be linked with the fact that obviously there's only one person working, and um, ... well it just made you feel different. I mean like significantly different. I mean it was almost like having a physical handicap or something. I mean every one, all ... I mean uh, as I said I think things would perhaps be a wee bit different now because different attitudes or whatever, but the fact that um everybody you knew had two parents, I'm just stating the obvious, and er.' b) 'But my gut reaction I assumed that I would have been ... As I said, use a horrible term, normal then, but I would have been, well I would have just been somebody else and it's more of an attractive idea now than, it is'. c) 'No, no I mean it has had a follow-through effect in as much that um, ... well I suppose the fact that everybody else seems to be operating on a different wavelength half the time, tends to isolate you a bit.' d) 'Um, ... cos I got to admit by the time I started secondary school, um, I felt quite alienated, not alienated, that far too big a word, um, I felt different because, because of events like, things going on at home'. e) 'But to actually accept that you know I've got um a right to expect anything, that's something I find it very ... I mean I always assume everybody's got more right to anything than I have.'
	(ii) values	(ii) 'I think the only time it really, I mean it was only um it only started really, well not bother me but, when er you don't want that tension as a child, if you like, the sort of ... when I was out with my mother, I think its probably one of the first labels I'd got, um because, its probably considerably different now when lots of children are in sort of um single parent families and all the rest, but it was considerably different then and only having one parent was really like labelling and it seems to effect everything you did, I mean sort of um, I mean we were never like seriously hard up, but then again, um ...'
	(iii) negative identity	(iii) a) P wishes he was a different person: 'Well if it hadn't happened, I would have been somebody else and I think I would have rather done that. [You would rather have been that other ... ?] I would rather have been somebody else, yes. Cos ... yeah because it, it ... in respect of moulding type of things, um I mean it is the biggest thing that's happened and as I said, I'm mean like, I contribute everything that is negative about myself to it.' b) P seems to feel he is abnormal: 'But my gut reaction I assumed that I would have been ... As I said, use a horrible term, normal then, but I would have been, well I would have just been somebody else and it's more of an attractive idea now than, it is'. c) 'It really was, it was um, I mean that's why, I mean in most people's eyes I mean I've, um, well not probably now, I mean I've deemed myself as like, a failure in normal social criteria'.
	(iv) concealment/masking	(iv) 'Um, ... cos I got to admit by the time I started secondary school, um, I felt quite alienated, not alienated, that far too big a word, um, I felt different because, because of events like, things going on at home, I mean, I felt actually several years older than my peer group, cos I mean I was having to deal with things in the real world, I'd had to grow up a little bit quick. And, that clashed because they didn't really want to [?] and um ... that was perceived on the outside as being sort of, this sort of um sensible well together person which is a total contradiction to what was really, I mean it was all act. So yeah I mean it did, but in a, what probably if seen from the outside was a positive thing, but it wasn't.'
	(v) diminished social involvement	(v) Withdrawal within close relationships: '.. I think subcon-, um the ability to close down, which I learnt then, I shut myself off, self protection thing. Um its killed a couple of previous relationships and I mean it's put my present one on the rocks several times. And that's, um, that's a thing I could directly link back. It is the fact that you know if you don't let anybody in, you don't get hurt. And you just assume that people are going to go away.'
	(vi) relationship difficulties	(vi) Difficulties in relationships caused by his ability 'to close down'. '.. I

		think subcon-, um the ability to close down, which I learnt then, I shut myself off, self protection thing. Um its killed a couple of previous relationships and I mean it's put my present one on the rocks several times. And that's, um, that's a thing I could directly link back. It is the fact that you know if you don't let anybody in, you don't get hurt. And you just assume that people are going to go away.'
15	<p>(i) values</p> <p>(ii) negative identity</p> <p>(iii) diminished social involvement</p> <p>(iv) relationship difficulties</p>	<p>(i) a) 'I told people, I've told, I've come out more in the open over the last year than I have, did before. Um, I think more so because it seems more, it seems more of an everyday occurrence when women are getting raped nowadays. In those days it was, it happened but you didn't hear of it that much. Um maybe it was because there was a lot of women like me that just didn't say anything about it, but nowadays it seems to be on the TV, on the news, in the papers, so when I say I've been raped and I hear other women that have been raped, its not unnatural to admit to it, and I don't feel ashamed to admit to it now.' b) I think, I don't know, but I think going back I think they would probably, I don't know they probably think I'm sort of oh keep away, you know, she's been violated or, um, men would probably think of me as a big joke or you know they wouldn't, if I was in a relationship they think oh you know we don't want to go with her because she's been, been with somebody else, two at the time, you know, it, I think, I don't really know because as I say I was on my own at the time, so. I think men react different then than they do now.</p> <p>(ii) a) P not person she would like to be as a result of the incident: 'I does make me, it does um, have part, it does have part of the person that I am because it changes you, you can't help that, there's nothing you can do to control that, it does change you as a person'. b) 'Um ... I can't really tell you, I don't really know, um, it's hard to explain, um you mean what I think of myself, um ... Um. Sometimes I'm not very proud of the person I am. I'm not, I'm ashamed of sometimes the things I say and do which can be hurtful especially when I've been drinking, towards men, because not all men are the same, you know, they're all different and you tend to forget that, so I don't like that part of me'. c) P also talks about how the shame of the rape is indelible: '... I mean the shame's there it's something you live with for the rest of your life, so ... um I don't really know how to answer that.'</p> <p>(iii) P says that the incident has definitely had an effect on her relationships making her wary of men: 'it's affected my relationships, it's affected my life style, it's affected the way I think of, what I think of men, um ... it has given me this fear of not trusting them, um not respect, no respect for them. Um, it's mainly, I think it's mainly affected my relationships more than anything and my physical, the physical side of my relationships.'</p> <p>(iv) a) 'Oh yes, yes' 'Um ... I can't really tell you, I don't really know, um, it's hard to explain, um you mean what I think of myself, um ... Um. Sometimes I'm not very proud of the person I am. I'm not, I'm ashamed of sometimes the things I say and do which can be hurtful especially when I've been drinking, towards men, because not all men are the same, you know, they're all different and you tend to forget that, so I don't like that part of me'. b) 'Um, not on purpose, no, not, not towards women I'm not, no, but I can be difficult when it comes to whoever I'm with at the time and malewise, er, but it's not meant to be, it's just the way it happens.' c) 'it makes me more demanding. It doesn't make me want more demand off anybody else, no I think that's the wrong thing to say. It makes me more demanding. It makes me worse to live with'.</p>
16	<p>(i) difference/marginalisation</p> <p>(ii) negative identity</p> <p>(iii) diminished social involvement</p>	<p>(i) 'It's made me think my future is quite bleak. Cos .. I'll be on my own now you know, as soon as my kids leave home, that'll be it. It's not something one likes to look forward to being on your own'.</p> <p>(ii) a) 'I was feeling a bit down at the time and um, slap, bang, wallop it happens again. I feel as if I've got this invisible sign in my head that says it's OK you can use this one. So ... it's just stuck me, it's back to square one again'. b) 'I don't know. I suppose, I mean, I hate myself. [Does that get more so when you think about the rape?] Yeah. [And how do you think of yourself when that happens?] I don't know, I disgust myself I suppose. Don't like myself very much.'</p> <p>(iii) a) P has given up the goal of having an intimate relationship with a man: 'Well I've, I've given up ever trying to have a relationship with a man. [You've given up trying to?] I'll never be able to live now with a man again. I find it even ha-, I find it even difficult to kiss my own son now, my little boy, when he kisses me'. b) She also seems to have become more withdrawn socially: 'Well I don't go out. I don't have a social life at all actually. [Do you</p>

	(iv) relationship difficulties	<p>think that's partly to do with the shame that you experienced afterwards?] Yes, it, it's fear like you know, that just. I don't feel comfortable any more with people'.</p> <p>(iv) a) 'Well I don't go out. I don't have a social life at all actually. [Do you think that's partly to do with the shame that you experienced afterwards?] Yes, it, it's fear like you know, that just. I don't feel comfortable any more with people'. b) 'I am more difficult now with people, I'm more quick to temp, quick you know, to lose my temper'.</p>
17	<p>(i) difference/marginalisation</p> <p>(ii) values</p> <p>(iii) concealment/masking</p> <p>(iv) relationship difficulties</p>	<p>(i) 'I want to understand, maybe ... why has so many things happened and ... and why has fate if you want I suppose been cruel, why did someone adopt me and then not love me in a demonstrative way, um why when it took all the years to find my natural first mother did she say what she said then, well I didn't want you then and I don't want you now. Um, was it anything I could have helped?'</p> <p>(ii) a) 'Shame in the sense, um, no not particularly me personally. It's not something you tell people about though because you are expected to feel shame because of the age' b) 'Yes. But even today if you tell someone and you say you were only 15, it still in this day and age, although the stigma isn't the same, er it still carries stigma and therefore it's something you still continue to hide'.</p> <p>(iii) a) 'Um, that made me the person I am now? A lot of memories but I, in some ways have made me um, behave as an extremely strong person. But I'm not as strong as what I've always portrayed, or as other people have seen me. I've done that I suppose to hide behind.' b) 'Um, but he certainly sees me as, that your always so strong, you can always cope with everything, and, you know, what's happened to you and why? Which is I suppose a part I've played all my life, that it doesn't matter, you know, it doesn't matter what you do, I'm alright. But that's not really true, which I've suddenly started to discover.'</p> <p>(iv) '... They made me more distrustful and ... I now live with someone whose a different sort of a person. When I say softer and gentler, I don't mean he's softer, but I mean, he's calm, um a peaceful type of a person, doesn't like hassle, doesn't want arguments and ... But sometimes I find that I say things ... to him that I shouldn't, because he doesn't deserve them, because he is kind to me and he's always there for me. He's always stood by me. But, its like ... I don't know it's, its like I push him, as far as I can, just to see ... how far I can go, do you know what I'm saying?'</p>
18	<p>(i) difference/marginalisation</p> <p>(ii) negative identity</p> <p>(iii) diminished social involvement</p>	<p>(i) a) 'Uh. Not just parents but people I meet in general, people with whom I socialise, things like that. I mean my closest friends are people who do understand something about my feelings, I mean. We have similar feelings, similar tastes about things, and er, I mean I've always been regarded as rather a strange person and this was one of the things that came out when I had counselling, but er, you know, I said to the counsellor, people think I'm strange, you know. He just said well people say you're strange because you're different from them perhaps and they're frightened of you, a lot of this is fear, so. I think that er, yes people don't understand the way I feel.' b) 'I mean not just in this particular incident but er a lot of the time all through my life I've had this problem, people don't understand a lot of the time the way I feel about things. [Yes, so that's something that goes back to your childhood?] Yes, oh yes a long time.'</p> <p>(ii) a) P had to leave before section on beliefs completed, however he says that the beginning of the interview (shame): 'I feel exposed, as if, almost as if people can see it. I also feel that er, I've been dirty as it were and I've had to have [name of operation], and any woman that I confronted would sort of think that.' b) 'er I feel as if I've let myself down, that I was dirty, that er, degraded, felt as if I'd been subjected to a degrading operation. I felt really degraded afterwards'.</p> <p>(iii) 'er ... the shame effect I suppose plays a part in my social life, you know I would feel shame approaching a woman because of it.'</p>
19	(i) difference/marginalisation	<p>(i) a) 'But I mean looking back on it, perhaps it wasn't me who should have been ashamed, perhaps it was her more than anything else. But at the time I didn't feel that, you know the whole blame had been sort of put on me. [And you sort of accepted that?] Well I didn't, you know, at the time I didn't sort of er, I didn't realize it was perhaps not my fault you know, after everything that I'd been told, everything had been sort of blamed on me sort of thing, you know.' b) 'Um ... I don't have much contact with my friends any more I</p>

	<p>(ii) negative identity</p> <p>(iii) diminished social involvement</p> <p>(iv) lack of confidence</p>	<p>mean from that point of view. Um, people that were sort of around at the time, er perhaps didn't really know what to say to me or they felt quite embarrassed um and therefore they didn't sort of make contact, and perhaps they didn't know what to say and I didn't really know what to say to them sort of thing.'</p> <p>(ii) P feels a 'different sort of person' as a result of the experience: a) 'You know I think the whole thing has sort of left me feeling a different sort of person.' b) 'the whole sort of episode of my divorce and everything turned everything I thought about myself completely upside down. Um I always considered myself quite easy going, quite easy to get on with, um, quite a nice sort of bloke. Um, and the whole episode made me, or I was led to believe that I perhaps wasn't the sort of person that I thought I was. Um. So a lot of the things that I thought were true, um, or that I sort of felt, um as I say it completely turned upside down the way I thought about myself, the way I behaved, um the things I did, were all sort of used against me sort of thing, you know'.</p> <p>(iii) P has given up his main social activity: 'Um ... I think it has to a certain extent. I used to do an awful lot of things um before, before me and my wife split up, um. I used to do an awful lot of [hobby] at one time, that was my main sort of, my hobby, um I found when I was stuck in [place of work] all the week it was nice to sort of get out in the open, in the countryside and sort of mix with people of a, of a similar sort of mind you know, um. That really was my social life. I never used to drink or smoke or anything like that, so that was my chance of sort of getting out and sort of unwinding whatever. Um, I don't do much of that any more. I used to do a lot of [another hobby], I don't do much of that any more. Um, you know there's one or two things that I don't sort of do any more, that have sort of been triggered by that.'</p> <p>(iv) 'I lack self-confidence now whereas I used to be sort of quite a confident person. I used to be very forward thinking, but now I'm sort of glad when the day's over and I don't particularly look forward to the next one, um, in case I'm sort of faced with something I can't really cope with'.</p>
20	<p>(i) negative identity</p> <p>[most data for this participant missing]</p>	<p>(i) 'Um, but shame, um, I'm not sure really, it's hard to say. I know it had an effect but I'm not sure what the effect is. Um, I think I just kind of lost my self-respect really. I think it's still taking me a long time getting that back. I'm still not even sure whether I've got it now or not. I still feel a lot of shame. It's, it's sort of carried over with me, like it's stayed with me it's not really left me, it's there like a chip on my shoulder or something.'</p>

APPENDIX 20

POSITIVE ATTITUDES TOWARDS DISCLOSURE

P	Disclosure – Participants' general ideas about the harms of non-disclosure and the benefits of disclosure
1	'[Do you think you'd like to talk to someone about this [inaudible]?] If they said, "If you talk about it we can help you", then yes. But if they said "Would you talk about it, I'm afraid there's nothing we can do for you". Then no I wouldn't. But if somebody, if somebody could say to me, if you come and talk to me for an hour, I guarantee you won't blush when you go out that door, I would sit there for a week, and talk about it.'
2	Negative instance: I can't go back and change what's happened and that was the only thing that would help me was if I could change me now, make myself more confident. Um. Make me feel, you know, important, or worthful and I can't see a way of making me do that and I think just talking about it just brings it all back up and you relive it again and again.
3	'[Would you like to talk to someone about it?] Oh yeah, oh yeah.'
4	'If it's needed, if, I'll talk about it um to help somebody else otherwise I won't really you know bother talking about it.'
5	Negative case: '[do you feel any urge to talk to someone about those experiences?] No ... To be truthful I don't even know why I talked about it now'.
6	'I do talk to people about it, you know, not a lot but er, I suppose you know the reason I do mention it to people is er, I'm trying to gain an insight into, trying to understand why somebody behaves like that and you know, see what it is perhaps that I've done, you know that, yes, try to, trying to understand it.'

7	<p>i) 'I need to talk about it, and I need to talk about it with someone who I trust.'</p> <p>ii) 'It was the only thing that has helped me. I mean I've been on antidepressant drugs, I've just come off Seroxat, no drugs help me. I mean, I've tried them twice, antidepressants, I've tried Seroxat, that gives you waking nightmares after a while, it makes it worse for me, if you're having body memories and flashbacks, it just makes them worse and someone else has said that as well who's been on them. Um, ... you said helping, talking has been the only thing that's helped me, talking, not just talking but the person I speak to is key in that, their attitude to me, gentleness is one thing, one particular lady who helped me was wonderful.'</p>
8	'[Can you just say a little bit about how you think it's been helpful?] Because, um, as we say, it's um, not, shall I describe it, a trouble halved, a trouble shared is a trouble halved, but with the right person for the right reasons'.
9	'But I'm sure you, it's nice to talk about something because you can start to order it and I think that matters a lot to me, to put things in order and to understand how ... to have control, a sense of control over things, put things straight so know what it was meant to mean. Maybe I can't quite deal with that one.'
10	'Um ... perhaps the more often you think about it over a period of time and the more often you're made to asked to explain, um, it may do some unwinding of the tape if you like, some cleaning, some erasing'.
11	'you just come to reality and it's just, you can't keep things like that in there any more, so. It's not healthy [laughs slightly].'
12	<p>i) 'I'm sure it would have made, not a great deal of difference, but it would have eased the pain. But I would have been able to tell somebody or even talk to my husband about it'.</p> <p>ii) '[do you in fact talk to anyone about this experience now?] No. [Or do you prefer to keep it to yourself?] Um ... yes I do. I don't really but I do, it's hard to, it's hard to explain. I do but ... even, I've got a very, very best friend, um, but I still you know it's hard, hard to bring up'</p>
13	'Um it gets you into talk um about things that have happened a long time ago, cos I know I do need to talk about it more.'
14	'... I'd like to actually, um... undo, some of the things that have been done, um ... I mean I'd much prefer to be like ... it's not about ... I've been ... I'd like to be a far more open person.'
15	<p>'Yes, yes. It would have been a very hard thing to do, but I would like to have done. [What would you have hoped to have got out of it do you think?] Maybe to try and um, part of the shame was guilt, feeling guilty, I felt guilty like I had provoked it, like it was my fault, even though it wasn't. Um, I wanted to get rid of that feeling, I thought if you if you could talk to somebody then you could live, you could carry on and maybe try and live a normal life by not having the nightmares and not walking round thinking why, you know, what did I do, what did I say, why did I provoke them, or try and get rid of the shame, because in the end you block it off for so long, that it does affect your life and it, it helps if you are raped that, you can talk about it so you can analyse it and help you through, help you through it, you can carry on and try and live a normal life.'</p> <p>'I think you hope to but you don't, you try and gain by getting rid of the memory that's in your head, but you don't. It's still there no matter how many times you talk about it, it's still there, it never goes away'.</p> <p>'I've never been able to talk about the whole incident, it would be nice to be able to talk about it and the whole incident without wanting a glass of wine, without wanting a cigarette and without feeling um, you know you feel like, stop asking me these questions, stop I don't want to talk about it any more. Be nice to be able to sit and talk about it without having all those feelings.'</p>
16	'Yes I would have liked to. Looking back now I wished I had. But at that time there was nobody I could have talked to anyway. Not you know confidentially like.'
17	'I've gone all these years being strong saying it doesn't matter, and I kind of had indoctrination all my life, say, you mustn't tell people you've, you know, um, and that's what I've done for 52 years ago, fifty one and a half or what ever, and now all of a sudden I don't want to be like that any more. I don't want to keep hiding, I don't want to keep being strong [very distressed at this point]'
18	'I mean I've been reading a lot during this depression about things like psychological disorders affective disorders like depression and anxiety, thing like that, they tend to say a lot of these things happen because you keep your emotions bottled up, you're not satisfying basic needs, you're not releasing emotions. They fester away inside you like food going bad in a refrigerator, you know. Not very nice feelings in the corner of the refrigerator, likely to burst out'.
19	'Um, at the time I could have, you know, um I would have liked to have spoken to somebody about it, perhaps not a close friend, somebody who I didn't know particularly well. I think just somebody I didn't really know, I

	had no sort of connection with, um someone sort of neutral. Um, but at the time, like the only person I was dealing with was solicitors and people like that and it was so sort of impersonal. Um. It was just so clinical. You know, that was the end of it and that was it sort of thing, you know.'
--	--

APPENDIX 21

RECIPIENT SELECTION

P	Recipient selection
1	<p>(i) 'Talking to you it's entirely different because you're not close to me, and, you know, you don't know the real me. So it's easier talking to you because I'm just [inaudible], just a person, just an anybody'. ... 'Yeah, I haven't got to see you everyday, have I, so it's not so bad.'</p> <p>(ii) 'Do you think you'd like to talk to someone about this [inaudible]?' If they said, "If you talk about it we can help you", then yes. But if they said "Would you talk about it, I'm afraid there's nothing we can do for you". Then no I wouldn't. But if somebody, if somebody could say to me, if you come and talk to me for an hour, I guarantee you won't blush when you go out that door, I would sit there for a week, and talk about it.'</p>
2	<p>(i) Very cautious (see also testing of childhood friends): 'I've had very, I've only had one, friend as I'd class it. I've got lots of acquaintances. They're my girlfriends and stuff. Um, but I only trust one and the only other one is ___. So I think that I don't trust easily. I vet people out quite a bit. Um, and the person I am very friendly with although she hasn't got the experiences, she's got a bit of an understanding. Um, so I used to find it quite comfortable talking to her. [So when this kind of memory comes to mind you find yourself sort of seeking her out or?] Oh, no, no, no. She is just somebody that um I don't, I need to be, if I'm going to be a friend of someone, I need to be a close friend and she is one person I can be close to. Other friends are just, you know, have a drink, laugh and a joke. Um, if I suppose if I was really down and stuck, then yes I would contact her, but I wouldn't necessarily ... I have spoken to her in the past about certain things, um, but then I tend to move away from it as it gets too painful. So again with her I probably would, but if it was anybody, then it would be her.' (Friend 'vetted', and found 'trustworthy' and 'understanding').</p> <p>(ii) Yea, yea. I mean looking back now I know the words I could have used. It's so much easier looking back and saying what you could do, but at the time I wouldn't know what to have said. I think I remember speaking to friends and saying does your dad ever hit you and things like this and they used to just laugh and I just knew then that they didn't so, I didn't say anything more.</p>
3	
4	<p>(i) 'she's my supervisor, and um we were just talking about sexual abuse one day you know, she was just saying that one of her, one of um, somebody in her area where she lives um somebody's been sexually abused and um I actually felt that, I felt that I could, because the way she actually responded towards that issue and it er was sort of similar to mine, I actually felt that I um, I, I could trust her and talk about it and um I actually started talking to her about it'.</p> <p>(ii) 'I mean, I mean, I'm happy talking about it here because you don't really, you only know me now, you didn't know me before and you won't know my, my cousin that's actually did it.'</p>
5	'[When you think about it to you feel shame now?] Yeah. I don't ever talk, you're the early one I think I've ever talked about it to. [Yeah sure, OK.] It's not something you would go talking to everybody else about is it really? [No obviously not] And the only reason I'm telling you is because I know it can't go anywhere.'
6	<p>(i) 'Ehm, (coughs) OK (hesitantly) I think at first like telling anybody anything first you think well how are they going to receive this and you tell them a little bit more and you put in a bit more to test the water if that's OK and a little bit more in and you know the feedback was good and I thought oh we can carry on here you know it seems, and you know it, and yeah I felt OK you know, but always testing the water how much you give first, you know, because, otherwise if, if you, if you sort of let it all come out you know your sort of rejected on a very fundamental level aren't you if you know if you, you know if you open your soul to somebody and all of a sudden they turn round and say ouh you know..... but with him I felt fine'.</p> <p>(ii) Counter-example: 'In fact it just became the subject of my life, you know, I was always trying to find somebody to discuss it with so really I could get clarity and hopefully hear what I wanted to hear, you know, that's I don't know what I wanted to hear, that was the other thing, I didn't really know what I wanted to hear, I just wanted to talk about it, just made it more comfortable, I thought it would but with my work friends, no, no.'</p>
7	(i) 'I had this, I don't know if this is relevant but I'm sorry if I'm wasting your tape, but this guy ring me up, I'm sure his heart was good, I'm not ... now I mean that, and he said now tell me he said, what's wrong. [laughs]. I said you really, you honestly expect me to tell you what's really hurting me and made me feel suicidal, and he said yes. I said well would you open your heart and tell me right now what's hurting you and he said, oh, no I wouldn't. And I said well, why are you expecting me to when I don't even know you! And I sort of, you know, I laughed but I thought urghh. You know, God, do something with these people, you know. Reality.'

	(ii) 'I need to talk about it, and I need to talk about it with someone who I trust.'
8	<p>(i) 'you assess them before you decide what level you're going to go in at'.</p> <p>(ii) '[Can you just say a little bit about how you think it's been helpful?] Because, um, as we say, it's um, not, shall I describe it, a trouble halved, a trouble shared is a trouble halved, but with the right person for the right reasons, um, you could go up and down ___ High Street telling people and they'd think you was crackers, but to come in here and clinically or more clinically discuss it, then that's fine. [And how has it halved the problem do you think?] Because you're telling somebody else that is researching obviously, severe experiences in people's lives. Now you've obviously got some clear idea of people 's problems and how to, and just how serious it is to them ... um as opposed to telling the milkman'.</p> <p>(iii) 'Um, I don't think so. I don't relate this to other people. I mean, L. knows, um, Dr C knows and you know, but outside of that, I wouldn't tell anybody. I've told ___, but there again there is a confidentiality factor, there.'</p>
9	
10	'[Can I in fact ask how has it felt so far talking about it today?] ... In four walls, er, and its going to be anonymously dealt with, um it it doesn't to me then matter you know because its still, when I walk out of there now this afternoon, basically its still tucked up in that file up there and the draw's shut and its locked its not, you know its not um, its not going round people that know me, in a work situation and and whatnot and giving people ammunition to look at me in a different light or look down on me, or.'
11	'I have done actually because it came to the point where I had to. Um, because things were just getting really out of hand like, I just, I was very, I don't know, distant at times and I felt that he nee-, I wanted to speak to him about it and I felt he should know, really. And that's the first person I actually told, it wasn't actually about that, it was something else, um, you know because I felt he had to know. But that's the first person that I told, so that's quite an achievement for me, it was quite, oh my god I told someone, you know, it was Oh my God! [laughs]'.
12	
13	
14	<p>(i) '... because of the very nature of ... the subject, I'd only be telling somebody that I'd expect to be understanding. I mean I'd only tell somebody that was quite close I suppose. And thus you'd expect them to be understanding, well even you know the sheer fact that you'd tell them.'</p> <p>(ii) '... If they're the right people I think I actually prefer to talk about it. But I'm very, very. The anonymity if you like that comes from professional relationships, it's a lot easier than sort of outside. [So have you talked about it, with professional people?] Um, ... seriously, only one. ... I mean there's loads and loads of doctors obviously over the last about 5 or 6 years, but there's um, there was only one I was probably really open with.'</p>
15	
16	'Yes I would have liked to. Looking back now I wished I had. But at the time there was nobody I could have talked to anyway. Not you know confidentially'.
17	
18	
19	'Um, at the time I could have, you know, um I would have liked to have spoken to somebody about it, perhaps not a close friend, somebody who I didn't know particularly well. I think just somebody I didn't really know, I had no sort of connection with, um someone sort of neutral. Um, but at the time, like the only person I was dealing with was solicitors and people like that and it was so sort of impersonal. Um. It was just so clinical. You know, that was the end of it and that was it sort of thing, you know.'

APPENDIX 22

CLEARLY HELPFUL DISCLOSURES

P	Nature of Helpful Disclosure – Very helpful disclosures
1	
2	
3	
4	
5	
6	<p>a) 'he is extremely helpful'</p> <p>b) 'yes it was, he was very helpful, he still is'</p> <p>c) 'when I do see him, you know, we get on the same wavelength, it's brilliant, you know, it's partly because we understand one another and he was very helpful'.</p>
7	<p>a) 'It was the only thing that has helped me. I mean I've been on antidepressant drugs, I've just come off Seroxat, no drugs help me. I mean I've tried them twice, antidepressants, I've tried Seroxat, that gives you waking nightmares after a while, it makes it worse for me, if you're having body memories and flashbacks, it just makes them worse and someone else has said that as well whose been on them. Um, ... you said helping, talking has been the only thing that's helped me, talking, not just talking but the person I speak to is key in that, their attitude to me, gentleness is one thing, one particular lady who helped me was wonderful.'</p> <p>b) 'I mean some like the lady who I said, you know who I said was wonderfully gentle, she was perfect, I felt safe with her, she was a Christian, she had been through it herself, which might be a really big key, as she knew something of where I was coming from and she wasn't judgmental which is a big thing.'</p> <p>c) 'somehow God is in other people when they listen I think. [Yes.] Particularly when they listen with compassion. Its strengthening somehow, and its affirming they're not ... Oh, I don't know, that's the most I can say I think.'</p> <p>d) 'Psychotherapy is so helpful, talking to this lady is so helpful, but it is, its like I think its Carl Rogers really, she's accepting, she's accepting me and my feelings with respect, not telling me you shouldn't feel that, not saying were you that blitzed, she's just accepting me and my feelings and that's like um, I suppose its like an ointment really, its OK to be the way you are, not telling me I should be thinking or feeling something else.'</p> <p>e) 'I think, you know, there are times when I think I could have done something stupid but her kindness, it was her humanity and compassion, you know'.</p> <p>f) 'I mean it's such a relief, it was such a relief to get here and just tell her how I felt. And someone else sort of hear it and accept it'.</p>
8	<p>a) 'she understands me because she has known me since we met in 19__'. Said 'Oh I know how you feel, put her arm round me and ... you know, she knows me better than anybody else, you know on the planet'.</p> <p>b) 'She was very receptive, she listens er to every word you say, which is a good thing, to show that they are listening. Erm. I know her that well I can't, I can't put it into language, but it's, it's something about her and her alone that gives you the support and gives you the drive if you like, that you can't rationalise because with everything else I do in life she supports me 100% and I support her 100%.'</p>
9	
10	<p>a) 'and um but I've come away on a number of occasions feeling ... um ... lighter, less um down, less depressed if you like.'</p> <p>b) 'you'll say things and come away and then when you've come away you think well I'm glad I said that, I've just got it off my chest and I feel um ... better for having said it, yeah, yeah.'</p>
11	<p>a) 'I felt quite good actually'.</p> <p>b) 'I knew that, you know, they now understood why I was like that over period of [inaudible] you know, so'.</p>
12	
13	
14	
15	

16	
17	a) 'He was very positive.' b) 'I suppose in some ways that he was there for me and helped to guide when things seemed very dark'.
18	
19	

APPENDIX 23

HELPFUL DISCLOSURE WITH MIXED OUTCOMES

P	<i>Helpful Disclosures – mixed with unhelpful outcomes</i>
1	'Now I am wary that she's watching me, waiting for me to blush. When she says something about that, "What you done to your face Mum?" and I feel myself going red, you know, and I says "Why?" She says "Have you been putting cream on and you haven't rubbed it in properly, because you've got a lovely streak of white cream down there". You know, things like that.'
2	
3	'[So did you feel that in some ways it was unhelpful [?] to talk to her?] Yea, because I knew she couldn't do anything, she all she said to me was, keep on at them. I said well that's what I'm doing anyway, but I said its making me anxieted and why should I keep on and on. All they've got to do is got the letter do it through a word processor and send it. I said I've had this three years ago at A, I've even had to go and get the letter and take it to A. myself. I said they're getting paid for doing what ever they're doing, why can't a simple secretary or somebody simply send it. Why do I have to go in and keep requesting it. And in the end they did fax it to W. but it was only because I was on and on, "have you done it yet". "Oh you haven't received it". "Has it been done." And it was backwards and forwards, telephone calls. I was getting more aereated thinking they promised me this before Christmas. I'm thinking, they're just sitting there, and I'm getting all. Because as I'm getting older my bloods getting all boiled up and I've got high blood pressure at the moment. I've got to go back with it tomorrow because its, its, I think its the stress of having to do everything and by the end of the day I feel exhausted by about 4 o'clock. I'm just ready to, you know. I've got nobody at all.'
4	'So I didn't really go into great great details because I was a bit ashamed as well.'
5	
6	
7	
8	
9	a) 'I think she did think it was stupid actually'. b) 'she also, I think she did make the judgement that it was a bit daft as well'. c) 'I suppose as with most people she had sympathy up to a point but she would tend turn on me sometimes and um be cutting and say something quite destructive'.
10	
11	
12	
13	a) 'it is quite upsetting talking about it'. b) 'Oh the doctor here, I think she was a psychotherapist, she didn't react to anything I said, no. Um ... I really, I don't don't talk to my mother about it all the time, you know, on odd occasions, it's if something crops up on the TV about, physical abuse, you know, she thinks oh mustn't watch that, cos it brings back memories, you know'. c) Re doctor: '[so you felt maybe she didn't, couldn't understand you?] Yeah.'
14	
15	
16	'[OK. Have you found talking about the experience in any ways unhelpful?] I have in a sense that everybody's pinned on that and though [inaudible word] I've been like you know, suffering with depression and everybody thinks that's why I'm depressed now, when I think it's a lot of other things as well. As soon as people find out about that they think that's it. It might have started if off like'

17	
18	<p>a) '[On the whole did you find talking about the incident helped?] Er ... to a certain extent, but er I mean it's very limited talking about my, well it appears to me anyway, it has been very limited talking about it.'</p> <p>b) Helpfulness 'Not a lot, slightly but er not a lot. Mind you if probably if I hadn't said nothing I'd have gone completely mad by now'.</p>
19	<p>a) 'I mean, I don't think people really understood how I felt and as I say they were just sort of sympathetic and that was it sort of thing, you know, just forget about it and get on with your life sort of thing'.</p> <p>b) 'I don't think they really understood how I felt at the time, um. As I say they did what they could, they sort of um were always there on the phone if I needed them sort of thing, you know, but er...'</p>

APPENDIX 24

UNDERSTANDING AND SUPPORTIVE RECIPIENT RESPONSES TO HELPFUL DISCLOSURES

P	<i>Understanding and supportive responses</i>
1	'She felt sorry for me. She knows what I went through as well'.
2	-
3	'[I think you said before actually, that she responded sympathetically.] Yea, she did and she more or less said she knew the reasons why I'd done it. It was because I wanted help from my practice with this this and she agreed that they were lacsadaxical in not sending out the information and she agrees that I could get stressful by that but there wasn't anything she could do about it. But she agrees that the fact that this happened because they are, that's how they deal with things and she said yea it would helped with me if they were more forward.'
4	<p>a) 'First they said, oh, you know, did you, you know, you've got courage for that and but I think I said the wrong thing by because she was a bit upset. And um. So I didn't really go into great great details because I was a bit ashamed as well.'</p> <p>b) 'Well my friends have always been there for me when I've, when I've needed it. I mean I've always been there for them too and um (pause). This the relationship I had was really good with my friends, still have at the moment as well.'</p> <p>c) 'I mean I, I told them what my mum said and um they just like they didn't really say much, they said the decisions yours to make you know. Its your life, you do what you want and um they said we told you not to tell her yet, you know, so. They've always been very good really.'</p>
5	-
6	<p>a) 'you could tell from the very sort of introspective things he would say that it was very much, that he could only have experienced or really been sensitised to understand'.</p> <p>b) 'when I do see him, you know, we get on the same wavelength, it's brilliant, you know, it's partly because we understand one another and he was very helpful'.</p>
7	<p>a) 'Um, ... you said helping, talking has been the only thing that's helped me, talking, not just talking but the person I speak to is key in that, their attitude to me, gentleness is one thing, one particular lady who helped me was wonderful. She totally, I mean she came to my home and I remember saying to her it sounds stupid, your real and your here and she didn't laugh, she just put her arms round me, she knew what I meant. You know, because you think ... she said she would come as soon as she could but, like your drowning, your drowning in all this emotion and you try and grab hold of something to stop you drowning.'</p> <p>b) 'I mean some like the lady who I said, you know who I said was wonderfully gentle, she was perfect, I felt safe with her, she was a Christian, she had been through it herself, which might be a really big key, as she knew something of where I was coming from and she wasn't judgmental which is a big thing.'</p> <p>c) Disclosure may have made recipient appreciate P more: 'Maybe, maybe appreciate me more cos I used to think sh, sh, she made me feel brave about, no that's the wrong word, appreciate my own bravery and courage and that's a good feeling, you know, to think that someone else sees something good in you. you know.'</p> <p>d) And you know somebody cares about you, well its like you sharing something with someone you know cares for you that's really hurt you. But somehow in the sharing of it, it helps that someone else is listening to it. It doesn't lessen it, but it helps. She, she didn't tell me it was rubbish, I had imagined it ... Cos I used to say to her, every time I was with the woman who prayed, this can't be real, that's the first thing I used to</p>

	say cos I just couldn't, but I knew it was, inside that it was still, that I'm trying to handle it and, ehm, its like support, its a support thing, like your not having to deal with it totally on your own. Its too big, I mean ... in a way no one else can help but God. But, somehow God is in other people when they listen I think. [Yes.] Particularly when they listen with compassion. Its strengthening somehow, and its affirming they're not ... Oh, I don't know, that's the most I can say I think.'
8	<p>a) 'she understands me because she has known me since we met in 19__'. Said 'Oh I know how you feel, put her arm round me and ... you know, she knows me better than anybody else, you know on the planet'.</p> <p>b) 'She was very receptive, she listens er to every word you say, which is a good thing, to show that they are listening. Erm. I know her that well I can't, I can't put it into language, but it's, it's something about her and her alone that gives you the support and gives you the drive if you like, that you can't rationalise because with everything else I do in life she supports me 100% and I support her 100%.'</p> <p>c) Re experience of interview: '[Can you just say a little bit about how you think it's been helpful?] Because, um, as we say, it's um, not, shall I describe it, a trouble halved, a trouble shared is a trouble halved, but with the right person for the right reasons, um, you could go up and down __ High Street telling people and they'd think you was crackers, but to come in here and clinically or more clinically discuss it, then that's fine. [And how has it halved the problem do you think?] Because you're telling somebody else that is researching obviously, severe experiences in people's lives. Now you've obviously got some clear idea of people's problems and how to, and just how serious it is to them ... um as opposed to telling the milkman'.</p>
9	
10	<p>a) 'they've taken it I hope as information, you know, as perhaps one of the many, many complicated things in the past that's forming my attitudes and reactions to situations today. Um ... they seem to understand um ... and they don't show any ridicule, show any ridicule so um from that you get the confidence to, to let other things come out, yeah.'</p> <p>b) 'They're listening yeah and they're trying to, um ... They're listening and they're trying to, not initially perhaps analyse, but collate what you're saying, to form, at least a jigsaw if not a picture'.</p>
11	<p>a) '[And what was it that made you feel better, was it...?] Um just the comforting of it, somebody there to comfort me, while I was thinking about it and saying it and know, I knew that, you know, they now understood why I was like that over a period of [inaudible] you know, so.'</p> <p>b) 'I don't know, I think its the immense um closeness that there was. That I knew that there was but I was just being, you know. There was a very, very, we were very, very close and we still are and I think that's the only person I've ever felt close enough to talk to as a friend, as a partner, so.'</p>
12	-
13	
14	-
15	-
16	<p>a) 'Oh. Well, me doctor's been, she's been, she listens. She never made me feel as I've got to rush out the doctor's surgery like, you know, after ten minutes. I mean she's listened and um, and I went to see a psychiatrist like, and they were that was very helpful like'.</p> <p>b) 'They made me feel comfortable, I suppose, that I could talk'.</p>
17	<p>a) re policeman: 'He was very positive. Um, ... he listened and tried to reassure me I suppose, that I wasn't to blame'.</p> <p>b) re policeman: 'His strength. Um. [What sort of strength was it?] In that he could sit back and listen you know objectively and ... and I suppose in some ways that he was there for me and helped to guide when things seemed very dark'.</p> <p>c) re partner: 'he understands'</p> <p>d) re partner: 'And [name] just held my arm while we talked about it.' ... 'Um ... understanding, um and again listening, I mean, the only people I talked to about it really are people who are extremely close to me.' (P says of her partner 'I can talk to him about anything'.</p> <p>e) '[Um, and what qualities or characteristics of the people you spoke to were you most aware of when you spoke to them?] Their qualities? [Yeah]. Um ... understanding, um ... and again listening, I mean, the only people I talked to about it really are people who are extremely close to me.'</p>
18	<p>a) 'Er, well the few I have approached, say my parents and friends, they always seem to be sympathetic'.</p> <p>b) 'Er, well my father, er it's sympathy. Er, my mother this tendency to keep things bottled up, and sweep them under the carpet. My brother a certain amount of sympathy. My best friend sympathy'.</p> <p>c) Well my father's quite sympathetic but my mother just doesn't seem to understand, I mean I suppose its</p>

	because my father's a man, and he's got __, he appreciates these things, but er. Talking to it to my mother I think she'd rather not talk about it, that's the impression I get. But she's very much a person who's into bottling things up, this is the problem with my mother, er ... I think she's a chin up, grin and bear it, bottle it up, forget it [And your best friend, was he sympathetic as well?] Yes he was quite sympathetic. He says you've just got to go on presenting your case until you get some satisfactory explanation. And there's probably nothing they can do about it, but er at least I can try and get a satisfactory explanation of what, what's going on which might help.
19	(?) Equivocal: 'I mean people were sympathetic but ... I don't know, I don't think they understood how I felt at the time'

APPENDIX 25

INVALIDATING RECIPIENT RESPONSES IN CASES OF UNHELPFUL DISCLOSURE

P	Unhelpful disclosure – recipient responses
1	
2	'They were um critical of the fact that, as I say, I don't think they thought I experienced as much. Um, when they were talking about the abuse, I said that I felt mum must have known what was going on. Or even if we didn't say that I remember saying, oh they were a bit critical about my mum, why didn't she leave, why didn't she do this, why didn't she do that and I was saying that I thought perhaps she was frightened and didn't know what to do. You know and in her own way had got pride and they were critical of me for saying that, that their mother had put their children through that but I feel she was that frightened then I can understand why she did.'
3	<p>(i) 'Because she said do you know you've got to tell him what you were like at Christmas, does he know about it. I said yea he knows about the previous overdose because I've written to him about them. Because he used to study psycho um whatever it is, psychology and he understands because he's had a friend, and he's been in that situation, not himself, but with somebody like that, so he understands. So he doesn't think I'm a bad person'.</p> <p>(ii) 'I felt awkward telling this, with a friend of mine that's being my donor. I felt really sad about it and he looked at me and just said you daft sod and er he knew, it was like he knew exactly how I felt, because when I before I did it, I used to write to him telling him all my feelings on paper because I knew I could trust him but talking face to face to him he was like after all this you've written to me. You know, he was like. I think he thought then does he really wanna be the father of my baby because of the way I am, but in a way he does and in another way he doesn't, but he doesn't want me to be like this. He thinks that you can just snap out of it. But I mean you can't. You can't. It's like turning over a leaf in a book, you can't just change. You know. You just can't.'</p>
4	
5	
6	<p>(i) 'I made the, I made the awful mistake in talking about it to some of my work colleagues, er, which wasn't a good idea, and as soon as I'd imparted all that I had to say, then I would start feeling insecure because I'd think that I wasn't either understood or that it was actually, erm, showing some vulnerability in me that I really didn't want to be opened up, you know, it was leaving myself wide open and I didn't feel safe that they had that information about me, I mean, I...'</p> <p>(ii) 'maybe they were giving me advice that I didn't want to hear, I don't know, I think possibly'.</p> <p>(iii) 'Yeah, just the fact that they would give advice and ehm, that I felt insecure in what they would do with the information, because it was, it was, they were all women, I felt like that they would collude together, I felt like the, I was the marginalised one, that you know they would all be behind my back and that, that, I just didn't feel secure with it at all, and I felt that people were gonna be taking sides as well, you know, one side or the other it wasn't going to be very helpful because that just created an opposition, you know, they just, for me I just, I was just really gobsnacked about them all really'.</p> <p>(iv) 'Um, probably in the end, because I kept going on about it all the time, they just didn't want to listen I suppose, or, or, er, sometimes with a bit of annoyance I think because I kept going on about it, um. [Did you feel that from the beginning?] Sometimes, yeah, sometimes I felt they were a bit annoyed, yeah, because she was the defenceless little girl and I was the male you know, and because they're all female as well, yeah, I felt some of that, yeah. There was some annoyance there from them.'</p> <p>(v) 'Ehm,I don't know really,qualities ...characteristics probably. Ehm, they all seemed to be on the same wavelength, they all seemed to be together, there seemed to be a togetherness about 'em. You know, which again made me feel more like the outsider, yeah, very much so, there seemed to be them and me, I was always the peripheral character there, or felt that, you know and then because of being male and because they're all female and plus also what had happened, you know that just made me feel totally out of it. You</p>

	know, and I just didn't do myself any favours really, yeah.'
7	<p>(i) '[Sighs] Only with those people that lacked respect for me, my faith, didn't treat me with dignity, didn't have sensitivity and didn't listen, and were judgmental [laughs] in any way, any time that came into it'.</p> <p>(ii) 'I've had real problems with some professionals, they can't, you see they're not in touch with their emotions, you keep the person there and because of that ... there are some situations where people need, they need to know you understand so I'm afraid you've just got to come out from behind that wall and be human with them. I had one doctor who was like that and she was lovely. In fact if it hadn't been her I don't know, I think, you know, there are times when I think I could have done something stupid but for her kindness, it was her humanity and compassion, you know'.</p>
8	'They're sympathetic, understanding, but you must appreciate that they wasn't there, they don't do my job'. Then agrees that other people can't understand.'
9	
10	<p>(i) 'I've been up there and I've come away and thought, pher, you know, why did I tell them that, you know, what was the reason for going down that course and saying some of the things I did, whether I'd er, the fact that I might believe them or um that's my outlook on life, is why did I tell them that you know and will they not now look at me in a slightly different perspective, you know, being too fatalistic or um pessimistic, and er, and having tried to explain why, have they um, or will they say well this is personal experience which wasn't good, being, being tainted or coloured by his own feelings of depression and making it worse, making his outlook go down in um hope if you like um expectation. Mm. Difficult to explain'.</p> <p>(ii) 'Again, er going out and thinking that you expressed yourself but haven't expressed yourself well enough for them to understand [sighs] um, the Yanks have got a good expression for it, where are you coming from, yeah, yah? So um having tried to explain and coming away feeling that you haven't really got a point over and driven it home hard enough. Um that they, they don't appreciate what you're trying to let them know if you like. Um, communication and emphasis can be um ... difficult, you can find it difficult to express feelings um and if you put an outlook forward difficult to justify why you've got that outlook unless you actually analysed it before hand'.</p>
11	'because my mum found something out um like a month ago and she was really annoyed, well she was upset and everything, so um'
12	
13	
14	<p>(i) '... I don't know whether it would be, whether it was a personal or professionalism, but she actually appeared to want to know, um, she actually seemed interested. And you don't always get that, which um ... '</p> <p>(ii) re psychiatrist: '[What effect do you think telling her had on how she saw you?] ... That's a really important type of thing isn't it, because that's probably why ... I probably thought that she wouldn't think it, anything derogative of me by telling her. Whereas um ... I mean its stopped me talking to some people if I thought um ... its letting them know that you're vulnerable I suppose. Um, that's what you come down to though because I thought um the only reason I probably did speak to her specifically is the fact that um ... I said I'd, I mean it is difficult talking about things like that cos um, I said its confusing what's personal, what's professionalism isn't it I mean, but a shear gut reaction I was quite content with it I think, I didn't take her as a threat.'</p> <p>(iii) re wife: 'my wife, who I spoke to um I've been like, it's been quite off hand with her, cos as I said that she didn't actually see things like cause and effect, it's an event that happened such long time ago'. d) re wife: 'the few times I've like talked to my wife about it I actually um ... she's the sort of person that would um well she'd, she'd like just too practical, um oh that happened 40 years ago, well not, 30 years ago, it's not applicable now, but I mean she's a very day-to-day sort of person'.</p>
15	<p>(i) 'of the people that I've told, friends, they just ... no response really, I mean not, I can't, I don't really know, um ... I mean people have said, oh I'm sorry, and left it at that and I'd use the words it happened and that's it, you know, you just can't really say nothing, nobody's ever sort of really gone overboard'.</p> <p>(ii) re first husband: 'he did help me come out of my shell a bit more, the physical side of it, um, but it did affect our relationship when we were married, because he like he said I should let the past go'.</p>
16	<p>(i) 'Um, ... they just say oh dear, like. [Laughs slightly]. [They say Oh dear?]Yeah. [And is that what you'd expected them to say?] I don't know. I'd have liked one of them to at least you know, to be able to talk to, bring it up again like. But I don't feel as if I can do that. I think people expect me just to carry on ... you know, put it aside.'</p> <p>(ii) 'Me friends I don't, they don't talk about or anything, it's as if it never happened I suppose. [So they haven't really responded very much?] I don't think they know what to say.'</p>

17	
18	<p>(i) 'you know, when I went in there I was whipped through in about two minutes without really listening to what I was saying'</p> <p>(ii) 'I went back to see the doctor and I was expecting to see the consultant and I went in there, and another junior doctor again. And er, this junior doctor looked absolutely exhausted, fed up and depressed. He couldn't answer any of my questions satisfactorily, all he could do was tell me that uh the results of the ultrasound scan were perfectly satisfactory'.</p> <p>(iii) 'Er. What qualities? I think the doctors particularly, [name of consultant] and his junior doctors, flippancy, couldn't care less.'</p>
19	<p>(i) 'Um, I mean people were sympathetic but ... I don't know, I don't think they really understood how I felt at the time, um. As I say they did what they could, they sort of um were always there on the phone if I needed them sort of thing, you know, but er ... [Did it confirm your fear that you might come over as someone weak or...?] Yeah I think so, yeah, definitely. Yeah it didn't have the desired effect. I mean I don't think people really understood how I felt and as I say they were just sort of sympathetic and that was it sort of thing, you know, just forget about it and get on with your life sort of thing, you know. Which is probably exactly what I told to somebody else you know, so I mean I knew what they were, I knew what they meant sort of thing, you know, but at the time it just didn't seem to it didn't make any sort of impression on me sort of thing, you know. I think I was too wrapped up on myself to sort of do that like you know'.</p> <p>(ii) Parents understanding but preoccupied with other things and unable to help much: 'I think my parents really understood how I felt, although I didn't tell them. Because I mean parents are quite good at things like that. But as I say, at the time they had sort of I wouldn't say more pressing things, but they had other things going on. Um, I mean they sort of did what they could but here wasn't a great deal they could do. It was up to me to sort things out for myself'.</p> <p>(iii) 'Most of them were quite clinical about it. Um I mean most people were saying sort of, oh forget about her just get on with your life sort of thing you know. One or two of my friends um, I don't think they particularly liked her, or, um what she was doing, so uh you know it was easy for them to say that. I don't think my parents really got on with her that well. You know, they said thing like oh you know she wasn't good enough for you and I guess her family said the same thing about me sort of thing, you know. Um ... As I say I mean most of them were pretty sort of clinical about the whole thing.</p> <p>(iv) Friends were 'sort of, you know they were very vague they didn't want to sort of uh, you know, basically they were saying sort of get on with your life and forget about her like, you know. I mean it's easier for other people to say that.'</p>
20	<p>'it was like a look of disbelief on her face, like how could you? Like she didn't believe me or something, and just the look of real shock in her eyes as well. And I think that added to the shame too, really'.</p>